

Introductory conference

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Electromagnetic hypersensitivity (EHS)

Idiopathic Environmental Intolerance (IEI)

Idiopathic Environmental Intolerance attributed to electromagnetic fields (IEI-EMF)

Electromagnetic Field Intolerance Syndrome (EMFIS)

Multiple Chemical Sensitivity (MCS)

Myalgic Encephalomyelitis or Myalgic Encephalopathies (ME)

Chronic Fatigue Syndrome (CFS) ICD-10 code G93.3

Lack of Confidence Disease

Culture Disease

Fragrance Disease



FYLKESMANNEN
I ROGALAND

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Stadfesting av Kristianlyst skoles enkeltvedtak etter opplæringslovens § 9a-2 - det fysiske miljøet

Vedtak

Det gis ikke medhold i klagen på enkeltvedtak etter opplæringslovens § 9a-2 Det fysiske skolemiljøet, datert 09.09.14, for Jonas [REDACTED].

Dette vedtaket er endelig og kan ikke påklages, jf. forvaltningsloven § 28 tredje ledd.

Microwave Syndrome

Russian scientific literature from 1960:

- Neurasthenia
 - chronic fatigue,
 - dizziness,
 - headaches,
 - anxiety,
 - depression
- EEG changes (disruption of alpha rhythm in the brain)
- Sleep disturbance
- Blood pressure variations
- Heart arrhythmia
- Other cardiovascular conditions
- Hyperthyroidism
- Impotence
- Digestive problems
- Hair loss
- Tinnitus
- Higher susceptibility to infections

Swedish history

Beginning of the 1980's: Debate on miscarriage and EMF

TCO (the Swedish Confederation of Professional Employees)

1986: Conference on monitors

1992: TCO Certified

-defined low emission standard for computer displays

Monitor Disease

The Swedish debate on the 'Monitor Disease' among office employees began in 1985.

Björn Lagerholm, Associate Professor, histopathologist and physician at the Department of Dermatology, Karolinska Hospital, hit the headlines in Swedish newspapers.

Lagerholm had signed a medical certificate, attesting that a female bank manager in Stockholm had got skin lesions during her monitor work. He explained that the skin lesions were similar to the ones usually seen in relation to UV radiation or Bucky (wavelength between X-rays and UV radiation) treatment.

Björn Lagerholm had received more and more patients, from the early 1980s, with skin lesions in combinations that surprised him.

He noticed under the microscope clumped elastic fibres, or even the absence of fibres, like the lesion 'Elastosis solaris', also called 'Elastosis senilis', in samples taken from young people.

People who have spent a lifetime at sea or at least outdoors usually looked like that.

He had started by asking these patients what their work was like, and it turned out that they all had been working with monitors, and related their problems to this.

Dermatologists around the country contented themselves with what they could see with their naked eyes, patients with swollen and flushed faces, expanded blood vessels and vesicles in their faces. Usually they were diagnosed with rosacea, and were prescribed cortisone ointment.

Björn Lagerholm called the symptoms 'rosacea-like', since there are different kinds of rosacea, but none exactly corresponding to what he found under the microscope. His perhaps most important discovery was that most patients in this group had unusually high levels of mast cells in their skin, which in turn might have explained the patients' symptoms.

The question was: Why did they get these mastcells?

Phototoxic reactions:

Combinations of chemicals and radiation?

Gulf War Illness Kuwait 1990-1991: (IEI)

-Memory, concentration difficulties

-Chronic headaches

-Light sensitivity

-Body aches

Balkan War

Silicon Valley Syndrome

‘Svenska Fläkt’ Syndrome

Technicians at Ericsson

Increased Concentrations of Certain Persistent Organic Pollutants in Subjects with Self-Reported Electromagnetic Hypersensitivity—A Pilot Study

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Electromagnetic hypersensitivity (EHS) is used for a variety of subjective symptoms related to exposure to electromagnetic fields (EMF). The aim of this pilot study was to analyze the concentrations of certain persistent organic pollutants (POPs) in subjects with self-reported EHS. In total, 13 EHS subjects and 21 controls were included, all female. The concentration of several POPs was higher in EHS subjects than in controls. Lower concentrations were found for hexachlorobenzene and two types of chlordanes. The only significantly increased odds ratios (ORs) were found for polybrominated diphenyl ether (PBDE) #47 yielding OR = 11.7, 95% confidence interval (CI) = 1.45–94.7 and the chlordane metabolite MC6 with OR = 11.2, 95% CI = 1.18–106. The results were based on low numbers and must be interpreted with caution. This hypothesis generating study indicates the necessity of a larger investigation on this issue.

Keywords Electromagnetic hypersensitivity; Persistent organic pollutants; Brominated flame-retardants; PCBs.

Introduction

A number of persons report a variety of health problems related to exposure to electromagnetic fields (EMF) or being close to electrical equipment. These symptoms have been grouped together as electromagnetic hypersensitivity (EHS). The prevalence has been reported to 5% in Switzerland (Schreier et al., 2006), 1.5% in Sweden (Hillert et al., 2002), and 3.2% in California (Levallois et al., 2002). Reactions typically include a wide range of non specific symptoms that afflicted individuals attribute to exposure to EMF. Common symptoms are often linked to nervous

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EHS is **not** defined as a diagnosis in Sweden

1987: Föreningen för el- och bildskärmskadade (**FEB**) started
(**The association for electric- and monitor impairment**)

1994: Member of Handikappförbundens Samarbetsorgan (HSO),
(**The Swedish Disability Federation**) FEB was associated as member Nr 29

1995: **The Swedish Government** decided according to SFS 2000:7 §2 that FEB shall get Government subsidy; decision 950621 nr 8, Dnr: S1995/2965 as a member of HSO

2000: **The Swedish Parliament** adopts *Från patient till medborgare – en nationell handlingsplan för handikappolitiken*. Proposition 1999/2000:79, bet 1999/2000:SoU14
(**From patient to subject – a national plan for disability politics**)

The national plan is for **persons with working disability** in general. No specific disability is pointed out and no is excluded. Persons with disability due to electrosensitivity are thus included. **Government Secretariat** 2000-04-06, Dnr S2000/2158/ST

2001 Föreningen för El- och Bildskärmsskadade (**FEB**) was changed to Elöverkänsligas Riksförbund (**National Federation for Electrosensitive**)

Article

Increasing Rates of Brain Tumours in the Swedish National Inpatient Register and the Causes of Death Register

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Abstract: Radiofrequency emissions in the frequency range 30 kHz–300 GHz were evaluated to be Group 2B, *i.e.*, “possibly”, carcinogenic to humans by the International Agency for Research on Cancer (IARC) at WHO in May 2011. The Swedish Cancer Register has not shown increasing incidence of brain tumours in recent years and has been used to dismiss epidemiological evidence on a risk. In this study we used the Swedish National Inpatient Register (IPR) and Causes of Death Register (CDR) to further study the incidence comparing with the Cancer Register data for the time period 1998–2013 using joinpoint regression analysis. In the IPR we found a joinpoint in 2007 with Annual Percentage Change (APC) +4.25%, 95% CI +1.98, +6.57% during 2007–2013 for tumours of unknown type in the brain or CNS. In the CDR joinpoint regression found one joinpoint in 2008 with APC during 2008–2013 +22.60%, 95% CI +9.68, +37.03%. These tumour diagnoses would be based on clinical examination, mainly CT and/or MRI, but without histopathology or cytology. No statistically significant increasing incidence was found in the Swedish Cancer Register during these years. We postulate that a large part of brain tumours of unknown type are never reported to the Cancer Register. Furthermore, the frequency of diagnosis based on autopsy has declined substantially due to a general decline of autopsies in Sweden adding further to missing cases. We conclude that the Swedish Cancer Register is not reliable to be used to dismiss results in epidemiological studies on the use of wireless phones and brain tumour risk.

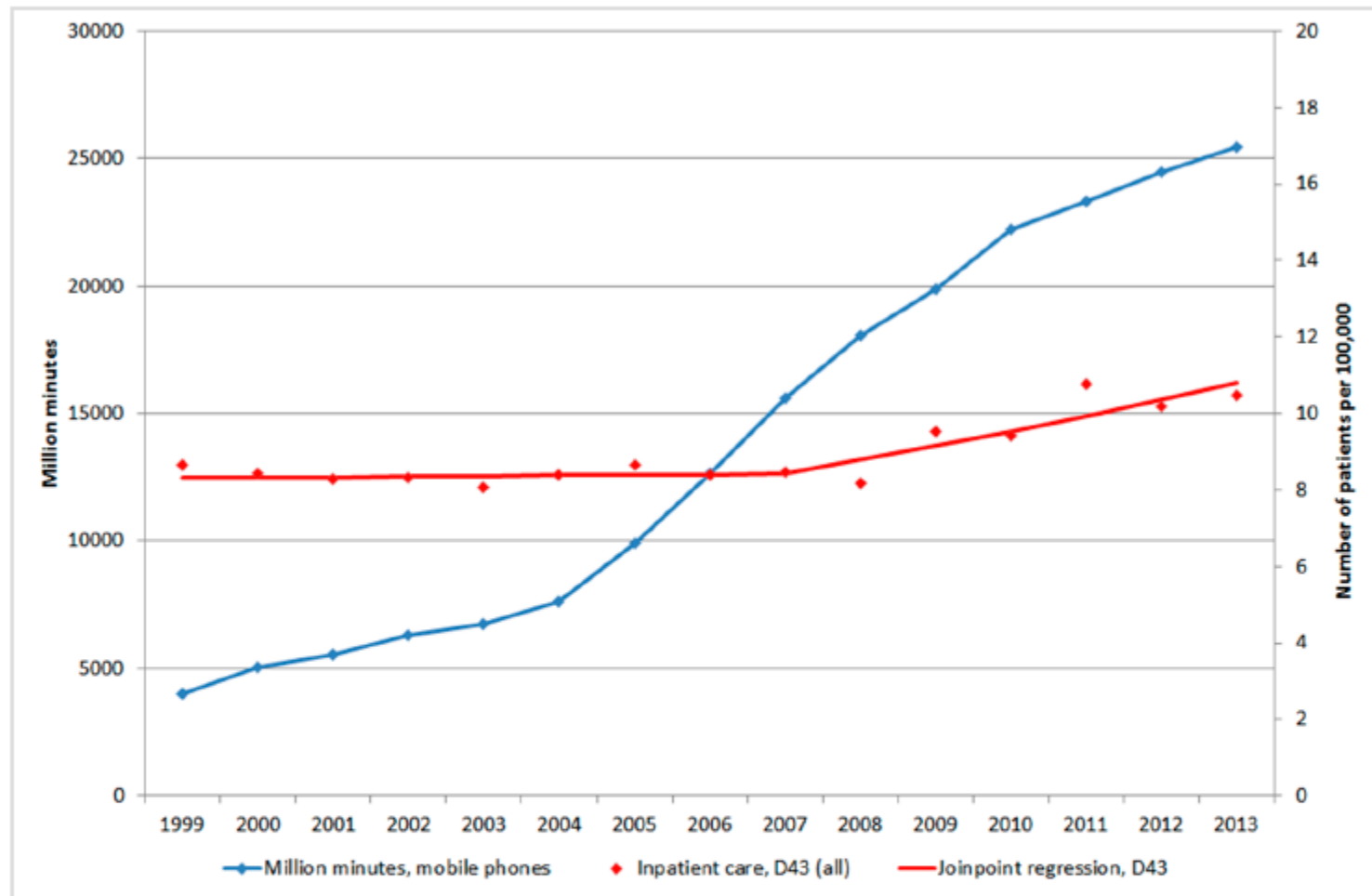


Figure 5. Number of out-going mobile phone minutes in millions during 1999–2013 [33] and joinpoint regression analysis of number of patients per 100,000 inhabitants according to the Swedish National Inpatient Register for all ages during 1999–2013 diagnosed with D43 = tumour of unknown type in the brain or CNS [27].



Figure 6. Number of out-going mobile phone minutes in millions during 1999–2013 [33] and joinpoint regression analysis of age-standardized death rates per 100,000 inhabitants according to the Swedish Causes of Death Register for all ages during 1999–2013 diagnosed with D43 = tumour of unknown type in the brain or CNS [29].

".....That administrative matters could influence registration practice is an obvious possibility to anyone used to working with register data in epidemiology and it was pointed out by at least one of the reviewers such that neither the authors nor the journal could have missed it. I think that this paper should not have been published and the colleagues that I have discussed with think the same. We are concerned that if it remains in the open literature it will lead to confused and blurred scientific discussions and in worst case to erroneous conclusions. I request that IJERPH retracts this article."

Affiliations:

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ICNIRP Commission Member from 1996 until 2008.

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Comments April 28, 2015 on our article by the Swedish government secretariat made by Mr Martin Jeppsson in response to inquire by the journalist Robert James Parsons:

"The findings in the article are consistent with a previous study conducted by colleagues at the board (Barlow et al 2009; ref 43 in the article) which is published in a peer-reviewed scientific journal. This article is linked from the National Board of Health and Welfare's website in connection with a description of the quality of the register:

<http://www.socialstyrelsen.se/register/halsodataregister/cancerregistret/bortfallochkvalitet>

This study is also cited each year in the report Cancerincidens i Sverige (Cancer incidence in Sweden), which is the official statistical product of cancer. The problem is therefore considered to be well known by both authorities and researchers who want to use data from the Swedish Cancer Registry. It is incumbent on those who want to use data from the Swedish Cancer Registry to determine if the information is usable for the planned research. The data reported to the respective register comes directly from health care providers. Outside parties would have little opportunity to influence reporting in any direction."

Conflicts of Interest (COI)

Companies have learned that small investments in endowing chairs, sponsoring research programs, hiring professors for out-of-hours projects can produce disproportionate pay-offs in generating reports, articles, reviews and books, which may not be in the public interest, but certainly benefit corporate bottom lines.

With the ability to allocate who does the scientific research, the industry also dictates the research itself and how it is interpreted. Industry scientists create 'counter-evidence' for every alarming discovery so that it can be said that 'the issue is controversial' and that 'the scientists have disparate opinions' or that the effect is 'not conclusively proven'. Thereby doubt is created in the minds of the public and restrictive legislation is delayed.

The 'experts' in this field belong to a number of self-serving committees and organizations. These expert clusters are inevitably linked into industry and industry initiatives.

EHS:

-No established diagnostic criteria

-No ICD-code for diagnosis

-No established treatment

How do these corporations achieve
their stranglehold on our society?
When they're not shooting, they're buying.
They buy good minds,
and tie them to their wagon wheels.
They buy students wet from their mothers,
and castrate their thought processes.
They create false orthodoxies and
impose censorship under the sham
of political correctness.

John le Carré



NORSKE KLASSIKERE

HENRIK **l b s e n**
En folkeflende

Vigmostad Bjørke

l b s e n - m u s e e n e i N o r g e