

During the years 1999-2006, I worked as a project manager at the Social Services Administration in Stockholm. My responsibilities were issues related to different forms of disabilities.

My work included having close contact with the 44 different disability associations connected to the umbrella organisation The Swedish Disability Rights Federation. One of these associations was The Swedish Association for the Electrohypersensitive. In collaboration with them, two seminars were organized which focused on accessibility and various adaptation measures for the disabled.

One of the guiding principles in the UN's, and also that of Sweden's, legislation regarding disabilities is that everyone should have the right to work and live their lives with the same rights and opportunities as everyone else. As an indirect result of these seminars, I was also invited to various local associations within the framework of the The Swedish Association for the Electrohypersensitive.

What does the law say? How can we ensure that disabled individuals get the rights and opportunities in life that have been adapted to their specific needs?

The issue of electrohypersensitivity was then, as now, an area in which people have definite opinions – ranging from stating that this functional impairment does not exist at all to saying that it is so indisputably real that sufferers struggle each day to lead normal lives.

As always with issues that polarize and trigger strong feelings, which the question of electrohypersensitivity undeniably does, there is a need for not only inquisitive and open discussions on the subject, but also research. Discussions and research on this subject are however more or less non-existent as not only is it a controversial subject, but there is also a risk of it becoming a high-cost endeavour. One cost would, for example, be the adaptation of the homes or workplaces of the sufferers to minimize electromagnetic fields.

Another aggravating circumstance might be having to take electrohypersensitivity into consideration in the placing of base stations for what was then the 3G system, today 4G and 5G. At the same time, disability legislation as well as the UN 22 Standard Rules on the Equalization of Opportunities for People with Disabilities, and the UN Convention on Human Rights for Persons with Functional Impairments from 2007, have set a direction – the needs of a disabled individual must be taken into account, as they have the right to live their lives with the same opportunities as everyone else, regardless of their disability.

There is another perspective one can apply to the functional impairment electrohypersensitivity and this is to try to classify electrohypersensitivity as a medical disease – a classification that would give sufferers the right to treatment, but instead as patients. But what treatment could they be given? I have understood that some members of the The Swedish Association for the Electrohypersensitive believe that this is a good way forward, i.e. to no longer regard electrohypersensitivity as a disability but as a disease.

The risk with this, as I see it, is that you “throw the baby out with the bathwater”. Instead of refining the impairment arguments and stubbornly pushing for electrohypersensitivity being accepted as a disability, thus giving the individual the right to various forms of accessibility measures, there is a risk that the disabled individual ends up being excluded from the protective legislation of the entire functional impairment paradigm.

What may the next step likely be? According to the WHO, and the conference in Prague 2004 (International Workshop on Electromagnetic Field Hypersensitivity, Prague, Czech Republic, October 25-27, 2004), the result will probably be that the medical diagnosis and the disease perspective one was aiming for will be found in the psychiatric diagnosis catalogue, i.e. the electrohypersensitive person will be said to be imagining his/her symptoms. Olle Johansson, then at the Karolinska Institute, Stockholm, Sweden, attended the conference. He has told me that in this conference demands were made by certain medical doctors present to designate the persons with the functional impairment electrohypersensitivity as patients and that several of these doctors also wanted to designate electrohypersensitivity as a psychological/psychiatric disorder. Only two people protested against this, according to Olle Johansson: Dr. Bruce Hocking from Australia, and himself.

After meeting so many people who suffer from electrohypersensitivity, a disability that has made their lives very difficult, I feel it would be unfortunate and uncondusive to pursue such a view on this condition. Although the method of marketing this medical paradigm is probably fraught with promises of investigations, respect, interested discussions and research, I unfortunately believe that the loneliness and vulnerability this paradigm, in the long run probably would lead to, would be much worse than the current one.

How then can we move forward? Well, we can start by meeting on a local level and establishing functioning local associations and a well-functioning national organization. We can focus on the disabled individual's right to live his/her life with the same rights and opportunities as everyone else, and let other organizations, such as Vågbrytaren (Eng. "The Wavebreaker"), be responsible for the more political work of reducing the total public exposure to various forms of electromagnetic radiation. It's okay to be a member of more than one organisation, right?

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