(26-11-14) Avant même l'audition du 4 novembre 2014, le Comité Economique et Social Européen

Ni Teslabel ni les autres associations n'ont été prévenues de l'audition du 4 novembre dernier. C'est un peu par hasard que nos confrères de Beperkdestraling.org l'ont découvert, quelques jours avant sa tenue, prévenant immédiatement les associations de nombreux pays d'Europe. Le même jour, nous avons publié l'avis sur notre site. Une lettre a été préparée d'urgence, cosignée par de nombreuses associations, dont Teslabel, et remise au comité organisateur par RobindesToits.org le jour de l'audition. Un rapport de cette audition a été réalisé par un des participants, et l'audition a même été enregistrée :

Powerwatch News - 04/11/2014 - Europe starts to take EHS / ES seriously

https://soundcloud.com/mastvictims/sets/eesc-hearing-on-electrohypersensitivity

Mais c'est le rapport préliminaire du EESC (Comité économique et social européen) qui nous interpelle le plus. Un changement radical d'attitude des autorités est à prévoir dans peu de temps. Nous n'en avons jamais douté, vu qu'on a beau nier la réalité et cacher l'évidence, la Nature finit toujours par avoir le dernier mot. Cela aura simplement pris plus de temps qu'espéré initialement, parce que nous avons sous-estimé le niveau d'abrutissement de notre société. Il n'y a pourtant qu'à prendre l'exemple du tabagisme, de la drogue et de l'alcoolisme, 3 fléaux auxquels continuent de s'adonner des millions de gens rien qu'en Belgique, malgré tous les ravages que l'on sait.

Voici ce rapport préliminaire en anglais (traduction à suivre) :

European Economic and Social Committee

TEN/559

Electromagnetic hypersensitivity

Brussels, 28 October 2014

WORKING DOCUMENT
of the
Section for Transport, Energy, Infrastructure and the Information Society
on
Electromagnetic hypersensitivity
(own-initiative opinion)

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Rapporteur: **Bernardo Hernánde**

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To the members of the Study Group on **Electromagnetic hyp**
(Section for Transport, Energy, Infrastructure and the Information Society)

N.B.:

Document submitted for translation: 21 October 2014

Administrator: Martin Schneider

Study Group on

President:

Mr Stantič (SI-I) (Rule 62 – Mr Csuport)

Electromagnetic hypersensitivity

Rapporteur:

Mr Hernández Bataller (ES-III)

Members:

Mr Curtis (UK – II)

Mr Hadjiysky (BG-I)

Mr Hencks (LU-II)

Mr Kokalov (BG-II)

Mr Longo (IT-III) (Rule 62 – Mr Trantina)

Mr Mordant (BE-II)

Mr Morkis (LT-I)

Mr Páleník (SK-III)

Mr Pegado Liz (PT-III)

Mr Pigal (FR-III)

Mr Polica (IT-II)

Mr Simons (NL-I)

Mr Stoev (BG-I)

Expert:

Alejandro Salcedo (for the rapporteur)

On ... the ... decided to consult the European Economic and Social Committee, under Article ... of the Treaty on the Functioning of the European Union, on

Electromagnetic hypersensitivity
(own-initiative opinion).

The Section for Transport, Energy, Infrastructure and the Information Society, which was responsible for preparing the Committee's work on the subject, adopted its opinion on ….

At its ... plenary session, held on... (meeting of …), the European Economic and Social Committee adopted the following opinion by… votes to ... with ... abstentions.

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1. Introduction

1.1 In recent years, adverse health effects have been attributed to growing exposure to electromagnetic waves in our homes. And although it is not an officially recognised illness, current healthcare practice has started to grant credence to the idea that it causes various health problems.

1.2 It is now believed that electromagnetic hypersensitivity syndrome (which the World Health Organisation (WHO) also refers to as Idiopathic Environmental Intolerance (IEI)), attributed to electromagnetic fields from such everyday devices as mobile phones, can lead to permanent disability by causing

anatomical and functional disorders for the sufferer to the point that it limits or prevents their capacity to work.

1.3 Through their recommendations, international organisations like the Council of Europe [1] or the WHO have established the existence of electromagnetic hypersensitivity as a health condition that can prevent people from exercising an occupational activity.

1.4 Studies began to be published towards the end of the 1990s, warning of the risks of exposure to electromagnetic fields. The BioInitiative report published in 2007 reviewed over 1 500 scientific research papers on the hazards associated with radiation from electromagnetic fields.

1.5 Since then so many studies have been published by universities from across the world that in 2011 the WHO acknowledged high frequency electromagnetic fields as potential cancer risks, as it had already done for low frequency magnetic fields.

1.6 As a result, many experts are calling for greater distances between high-voltage power lines and surrounding buildings.

1.7 This is in spite of the fact that the European Parliament [2] addressed the problem in its resolutions of 2 April 2009 and 27 May 2011.

1.8 On 23 May 2011, Minerva Palomar became the first employee in Spain to obtain a court decision acknowledging that she had a "total and permanent work disability" due to electromagnetic and environmental hypersensitivity and entitling her to a pension equivalent to her full salary.

1.9 Furthermore, on 3 March 2012, the Austrian Medical Association published guidelines for the diagnosis and treatment of electromagnetic hypersensitivity, in the context of "EMF-related health problems and illnesses".

1.10 There are more and more people suffering from electromagnetic and environmental hypersensitivity syndrome. In addition, these people usually have to suffer the incomprehension and scepticism of doctors who are unaware of its existence and therefore fail to offer proper diagnosis and treatment.

2. Electromagnetic hypersensitivity as diagnosis

2.1 While the names may vary (electrosensitivity, Wi-Fi syndrome, microwave sickness, electromagnetic hypersensitivity, etc.), they all share a broad range of associated symptoms.

2.1.1 The syndromes include headaches, chronic fatigue, recurring infections, difficulties concentrating, memory loss, inexplicable unhappiness, dermatological symptoms, irritability or sleeplessness, heart problems, poor blood circulation, disorientation, nasal congestion, reduced libido, thyroid disorders, eye discomfort, tinnitus, increased

need to urinate, listlessness, capillary fragility, cold hands and feet, and stiff muscles. These may occur or get worse in the vicinity of electrical appliances, transformers, mobile phone antennas and other sources of radiation.

2.1.2 However, people affected by electromagnetic waves display no symptoms whatsoever when not exposed to electrical fields. This leads to the conclusion that any recurring radiation-induced conditions that diminish or disappear when the sufferer moves away from the source constitute electromagnetic hypersensitivity.

2.1.3 Electromagnetic hypersensitivity sufferers experience a serious deterioration in their quality of life, not only because of their physical symptoms but also

because of the mood swings that often accompany them.

3. Sources of electromagnetic hypersensitivity

3.1 It is important to take preventative action by identifying and minimising exposure at home and at work in order to move towards the objective of living in places that are free from electromagnetic pollution (white zones). The most common sources of electromagnetic pollution are mobile telephone masts, cordless phones and Wi-Fi routers in homes.

3.1.1 These all emit microwaves on a permanent basis (24 hours a day and seven days a week) wherever they are installed. By contrast, mobile phones only expose us to high emission levels when a call is established and for the duration of the conversation.

3.2 When turned on, all household appliances (e.g. televisions, computers, vitroceramic cookers, dryers, electric blankets, etc.) tend to generate high electrical fields and due to their proximity to users, prolonged exposure can bring risks. However, they need only be unplugged to make their effects disappear altogether.

4. Effects of

electromagnetic hypersensitivity

4.1 The effects of radiation are cumulative and may get worse when beds are situated above an underground watercourse, a geological fault or the intersection between lines on the Hartmann-Curry grid (anomalies in the earth's magnetic field).

4.2 There are different levels of electromagnetic hypersensitivity. The reversible forms are the mild forms of electrical sensitivity. Long-term exposure can increase people's sensitivity to the initial frequencies (e.g. telephone masts).

4.2.1 Subsequently, and as the syndrome develops, they also become sensitive to other sources of electromagnetic radiation (such as Wi-Fi routers, computers or fluorescent light tubes).

4.3 On this issue, the WHO states that the treatment of people who associate their symptoms with electromagnetic hypersensitivity must focus on the symptoms and clinical picture and requires a medical evaluation and assessment of the workplace and home, and a psychological assessment.

5. Electromagnetic fields in mobile telephony

5.1 The following data and figures are submitted to the study group for evaluation.

· Mobile phone use is ubiquitous with an estimated 6.9 billion subscriptions globally.

· The electromagnetic fields produced by mobile phones are classified by the International Agency for Research on Cancer as possibly carcinogenic to humans.

· Studies are ongoing to more fully assess potential long-term effects of mobile phone use.

· The WHO will conduct a formal risk assessment of all studied health outcomes from exposure to radiofrequency fields by 2016.

5.2 Mobile or cell phones are now an integral part of modern telecommunications. In many countries, over half the population use mobile phones and the market is growing rapidly. By the end of 2009, there were an estimated 6.9 billion mobile phone subscriptions globally. In some parts of the world, mobile phones are the most reliable or the only phones available.

5.3 Given the large number

of mobile phone users, it is important to investigate, understand and monitor any potential public health impact.

5.4 Mobile phone exposure levels

5.4.1 Mobile phones are low-powered radiofrequency transmitters, operating at frequencies between 450 and 2700 MHz with peak powers in the range of 0.1 to 2 watts. The handset only transmits power when it is turned on.

5.4.2 In addition to using "hands-free" devices, which keep mobile

phones away from the head and body during phone calls, exposure is also reduced by limiting the number and length of calls. Using the phone in areas of good reception also decreases exposure as it allows the phone to transmit at reduced power. The use of commercial devices for reducing radiofrequency field exposure has not been shown to be effective.

5.4.3 Other wireless networks that allow high-speed internet access and services, such as wireless local area networks (WLANs), are also increasingly common in homes, offices, and many public areas (airports, schools, residential and urban areas).

6. Electromagnetic fields in the context of the EU legal

framework

At the EU level, the following legal instruments have been adopted in the area of electromagnetic fields.

6.1 Council Recommendation 1999/519/EC of 12 July 1999 on the limitation of exposure of the general public to electromagnetic fields [3]

is designed to complement national policies for improving health. Its purpose is to create a framework for limiting the general public's exposure to electromagnetic fields, based on the best scientific evidence available and to provide a basis for monitoring the

situation.

6.1.1 It also provides a reference framework for EU legislation about products and devices that emit electromagnetic fields.

6.1.2 Member States are responsible for protecting their populations from the possible risks of exposure to electromagnetic fields and may provide for more stringent limits than those set out in the recommendation. In all cases, they should weigh the risks as well as the benefits when they decide whether to

adopt measures, inform the public and promote research on the possible health effects, and they must inform the Council of these measures.

6.1.3 The "basic restrictions" and "reference values" are based on the guidelines of the International Commission on Non-Ionising Radiation Protection (ICNIRP), which are designed on the basis of the short-term effects of electromagnetic fields.

6.2 The most important binding measures are set

out below.

6.2.1 Directive 1999/5/EC [4] on radio equipment and telecommunications terminal equipment and the mutual recognition of their conformity, and related harmonised safety requirements for mobile phones and base stations.

6.2.2 Directive 2004/40/EC [5]

on the minimum health and safety requirements regarding the exposure of workers to the risks arising from

physical agents (electromagnetic fields).

6.2.2.1 Directive 2004/40/EC is the 18th individual Directive within the meaning of Article 16(1) of Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. It addresses the short-term adverse health effects on workers exposed to electromagnetic fields during their work. Directive 2004/40/EC is based on the preventative approach

generally upheld in Directive 89/391/EEC regarding the protection of workers against the risks identified, specific information, training and the consultation of workers affected and the appropriate health surveillance.

6.2.2.2 Directive 2004/40/EC was repealed with effect from 13 June 2013 by Directive 2013/35/EC [6]

on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic

fields).

6.2.3 Directive 2006/95/EC [7] on the harmonisation of the laws of Member States relating to electrical equipment designed for use within certain voltage limits.

6.2.4 Product safety legislation established through Directives 1999/5/EC and

2006/95/EC ensures that the public, including workers, are not exposed to levels beyond those set by Recommendation 1999/519/EEC if the products are used as intended.

6.3 Decision No 243/2012/EU [8]

establishing a multiannual radio spectrum policy programme lays down the "general regulatory principles",

defines the technical conditions for using the spectrum and takes full account of the relevant EU legislation, in particular, on limiting the general public's exposure to electromagnetic fields.

6.4 With regard to research, the EU Programme for Social

Change and Innovation (PSCI) integrates existing programmes, namely Progress (Programme for Employment and Social Solidarity); EURES (European Employment Services) and the European Progress Microfinance Facility, with general objectives that are geared to promoting compliance with EU objectives for employment, social and

labour conditions; supporting the development of social protection and suitable, accessible and efficient labour markets; modernising EU legislation on working conditions effectively and promoting the geographical mobility of workers and employment and social inclusion.

6.5 This is without prejudice to the Eighth Framework Programme's instruments for research into electromagnetic fields, or the Horizon Programme.

6.6 The EESC has expressed its

concerns regarding these issues in opinions [9]

published on these rules while they were being prepared.

7. Proposed measures

The study group could discuss which measures it may consider most relevant for adoption by the EU level. Without prejudice to any other suggestions the study group's members might add, the rapporteur puts forward the following measures.

1. Legislative action could be taken through the adoption of:

· a regulation laying down principles and requirements for health and environmental protection, which would be directly applicable throughout the EU;

· a directive laying down common principles to be complemented by the

Member States' legislation during the transposition of the directive into national law.

2. The current 1999 recommendation could be amended and reviewed in light of technological

developments since its adoption.

3. The following principles should be applied across all EU legislation:

· the ALARA principle, as suggested by the Council of Europe, whereby the thermal effects and the athermic or biological effects of electromagnetic emissions or radiation are kept As Low As Reasonably Achievable. To this end, ICNIRP [10] standards concerning

exposure to electromagnetic fields would have to be taken into account; and

· the precautionary principle, where scientific evaluation does not allow the risk to be established with sufficient certainty, particularly given the growing exposure of the population, including vulnerable groups (especially

young people and children).

4. Studies and research in this area could be promoted. Research on new types of antenna, mobile phones and devices must be prioritised in order to reduce

costs, save energy and protect the environment and human health, and research should be encouraged to develop telecommunications based on other technologies which are just as efficient but have fewer negative environmental and health effects.

5. The illness should be recognised by the health and employment sectors. Particular attention should be paid to "electrosensitive" persons suffering from a syndrome of intolerance to electromagnetic fields and special measures should be introduced to protect them, including the creation of "white zones" not

covered by the wireless network.

6. Electromagnetic safety thresholds for the use of products should be regulated and rules concerning the planning of

electric power lines and relay antenna base stations should be established, including by keeping high-voltage power lines and other electrical installations at a safe distance from homes, also through a regulation or directive.

7. Information and dissemination measures for the general public could include:

· incorporating information concerning electromagnetic factors as

well as warnings regarding use and precautions on the labelling of products that could cause electromagnetic hypersensitivity;

· establishing a register of products entailing electromagnetic risks, given their potential for causing electromagnetic hypersensitivity;

· designing information and awareness-raising campaigns to prevent and manage problems associated with this condition, especially for people with compatible profiles and who are particularly vulnerable to electromagnetic fields, due to the potential negative long-term biological effects for the environment and human

health, giving priority to children, adolescents and young people of childbearing age, as well as educational establishments;

· also raising awareness of the potential health risks of DECT wireless phones, baby monitors, and other household appliances that continually emit microwave

pulses, if all electrical equipment is left permanently on standby, and recommending the use of fixed corded telephones at home;

· creating a clear labelling system indicating the presence of microwaves or electromagnetic fields, the device's transmitting power or

specific absorption rate and any health risks connected with its use.

8. Adequate protocols for prevention, early diagnosis and treatment should be established to

minimise healthcare and related labour costs. Environmental and work safety policies should be promoted to contribute to the prevention and eradication of electromagnetic hypersensitivity.

9. Measures are needed to address the private use of mobile phones, DECT-type wireless phones, Wi-Fi, WLAN and WiMAX for computers and other wireless devices such as baby monitors.

10. Technological innovations should be promoted in order to mitigate the adverse effects of electromagnetic waves on the human organism.

[1] Resolution 1815 of the Council of Europe, 27 May 2011.

[2] Resolutions of 2 April 2009 and 27 May 2011.

[3] OJ L 199, 30.7.1999, p. 59 - 70

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[4] Directive of the European Parliament and of the Council of 9 March 1999.

OJ L 91, 7.3.1999, p.10

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[5] Directive of the European Parliament and of the Council of 29 April 2004, OJ L 159, 30.4.2004, p. 1

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[6] Directive of the

European Parliament and of the Council of 26 June 2013, OJ L 179, 29.6.2013, p. 1

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[7] Directive of the European Parliament and of the Council of 12 December 2006, OJ L 374, 27.12.2006, p. 10

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[8] Decision of the European Parliament and of the Council of 14 March 2012, OJ L .

[9] See, inter alia, opinion TEN/308; opinion TEN434-435 (CES 362-2011), adopted in plenary on 16 February 2011,

OJ C 107, 6.4.2011, p. 53
or the EESC opinion
published in
OJ C 43, 15.2.2012, p. 47
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[10] International Commission on Non-Ionising Radiation Protection.