

Aan het Kennisplatform Elektromagnetische Velden en
Leden Klankbordgroep

Breda, 17-07-2011

Regarding the publication of report of the 5th meeting of the Klankbordgroep of the Kennisplatform Electromagnetic Fields and Health of which I did not participate, I would like to make some remarks. See: <http://www.stopumts.nl/pdf/verslag%205e%20bijeenvakomst%20Klankbordgroep.pdf>

It is a pity, that among all these personalities there was nobody present, who had occupied himself thoroughly and serious with the phenomenon electrosensitivity.

Of course, there were persons, even electrosensitives, who are involved with controlling symptoms and *learning how to live with them*, but that is no true research in the essence and causes of electrosensitivity, the how and why.

One should also realise that most persons do not know at all which elektrosmog source is eating at their immune system, by which the critical threshold will be reached. A minimum GSM/UMTS mast is then sufficient in order to let *explode* everything, but that is not the origin for reaching the threshold. Therefore, the many lamentations do show the suffering of these persons, but do not represent the real causes, the elektrosmog source.

Many scientists are surprised when they apply a current on a rumpsteak, but the muscles do not give in. They also believe, that electrosensitives should react as lamps at provocation studies, and when this does not appear to be, they claim that electrosensitives do not exist.

They do not question themselves, why ca. 75% of the population up to now does not seem to be troubled so far, and another part (5-10%) does indeed. (The remainder will become elektrosensitive as well soon.) **There must be reasons for that.**

And in order to resolve that question, one should study many cases with an *open mind*.

With theoretical physics one does not find answers. The biological side is quite different.

During the past twelve years I have occupied myself with these issues, and by measuring and study and researching, I was able to detect a number of reasons. Shielding and *learn to live with* is not the solution. To tackle these reasons will bring results.

Dr. Tony Fleming, dr. Grün and Andrew Goldsworthy did show me the road to go.

Be aware, I always speak of **elektrosmog**, because that is one big family, much larger than mobile phone masts alone.

I have heard that a new provocation study for elektrosensitivity will be undertaken, although a study for developing a means of **diagnosis** for **electrosensitivity**.

But for diagnosis for electrosensitivity, there are already many measuring devices, and I have a few myself, who can show that faultless. I use these to find spots in homes, where persons do react more or less to elektrosmog. Even the absorbed amount of elektrosmog by the body can be shown that way.

But that does not say anything whether it is *damaging* or not.

In one of my publications I have described a spectrum analysis on the body of an electrosensitive person.. At an exposition with an elektrosmog source, I could read peaks in the analysis of the body directly. But directly after the exposition, the peaks in the analysis were disappeared. But the physical complaints reactions did come only a quarter of an hour later. So the *information* will be stored somewhere in the body for further processing. (We think we know now where.)

In another publication I have described some other methods with which one measure the condition of the body. Such devices however do cost between € 5.000 and 10.000.

A means of diagnosis for electrosensitivity is interesting, but for our problemacy of low value.

The main point is the definition and meaning of *damaging or harmfulness*.

Also bloodtests after the so-called *Geldrollenbildung* are not representative. An exposition of ca. 63kHz can dissipate the clotting. So no proof of harmfulness.

Many studies regarding EMF and cancer may be interesting, but not essentially important. Mostly high doses are used, over longer periods and with *normal* healthy persons.

Much more important are the well-known occurring symptoms, which may be caused by elektrosmog at **electrosensitive** persons and with **extreme low levels of elektrosmog**.

How *harmful* will these symptoms be judged?

Often it is: Elektrosmog source gone, complaints less. Isn't that food for thought? I'll name some: Headache, chronically fatigue, cardiac arrhythmia, gastrointestinal complaints, involuntary urine loss, insomnia, concentration problems, short-term memory loss, etc.

That is something the Kennisplatform EMV should look after. That is a core point.

The big question is: When is the influence of elektrosmog harmful?

But the guts are missing for looking into that.

The GGD's refuse permanently to examine persons, who request so, or test for electrosensitivity.

There are **medical markers** by elektrosmog known. These could play a big role with the assessment of *harmfulness*. How much *headache* is harmful?

I do now know that a number of parameters of electrosensitivity can be measured, but for me it has no priority any more. Reducing the sensitivity now has priority.

Seen the fact, that only a few know how electrosensitivity originates and works, and the fact that till now not one serious study regarding electrosensitivity has been undertaken, I do fear, that your coming study will turn up empty handed with the present parameters.

At the most known studies, the *sensitive* could not point the elektrosmog source, resulting that it is claimed that electrosensitives cannot exist at all. That these studies were instigated and started wrongly is not realized, or one does not want to know about.

I own extremely sensitive measuring equipment (as Beta tester for manufacturers), with which I can measure very weak sources, that is when I hold the probe directly on the source:

3 cm away, I cannot measure the elektrosmog source any more, but an electrosensitive person at a distance of 3 meters can react to it!

So I have discovered quite different other elektrosmog sources, on which electrosensitives may react to fierce, aside the well-known like GSM/UMTS masts, the DECT and Wlan/Wifi.

With a certain approach I also succeeded in reducing the sensitivity of a number of sensitive persons for GSM/UMTS, DECT and Wlan/Wifi. (with some 90% reduction).

But the sensitivity for a few other sources remains.

(4 Years ago my wife was sure that she would never be capable to live in a city, in a flat, between 10 mobile phone masts, DECT phones and wireless modems, but we do live now so since two years, and walk daily to the shopping centre, amidst all these wireless violence without any problem.)

It has little to do with shielding, but everything with repairing the damaged immune system.

I see electrosensitivity as some sort of illness, disease, an allergy, which can be treated.

That is an area where few physicists know how to handle, and more therapy training is needed.

On **page 5** a schematic is given, upon where one has to look after with a provocation study. 3
It may be also clear, that a control group is not necessary at all, because their bodies cannot respond nor react. Provocation tests on *normal* healthy persons do not make sense at all. Firstly one has to test a number of **electrosensitive** persons for their specific sensitivity.
Real electrosensitives may react already to minimal doses of elektrosmog. At high frequent radiation at $< 1 \mu\text{W}/\text{m}^2 = 0,02 \text{ V}/\text{m}$. The often used *dosis/response* principle does not work here. Theoretical physicists do not understand this.

A good provocation study needs:

1. First determine clearly for **which** separate **elektrosmog sources** the test persons may react. (Many persons may react instantly to a DECT phone (base station), but I do know persons who do not react to them, but fierce on a motion detector with 5.8 GHz. Others do react to *dirty air* of for instance a central heating thermostat or LCD television).
2. When this is done, it is to be determined at **which quantities** they respond with reactions.
3. Also it is to be determined **how much later the reactions** occur. That may be between a few minutes and a full day. This **time factor** was never investigated with the *lamp tests* (f.i. Cofam I & II).
4. Of course it must be determined when the body is **stabilised** again after exposure. That is necessary for stipulating the next test.
5. It is essential to see, that before every exposure to an elektrosmog source, the bottom of the **border** of the **threshold of the immune system** is reached. Otherwise the whole study does not make sense. (See figure 3 on page 5.)
Whether one is far below, and the person cannot respond, or one is over it, and is the person already overloaded, and cannot show a difference (what happened with many studies).
6. Filling in of forms is not objective and can be influenced. In my opinion it is more correct to **measure on the persons**, thus on the body directly.
That is objective. For that there are many possibilities. Like I have published.
7. It is of no use to place a person, who thinks to *feel* something close to a GSM/UMTS mobile phone mast, next to a person who experiences negative effects by f.i. a Plasma TV.

My goal is quite different from *learning to live with EHS*. For me it is important in reducing the sensitivity. For that one has to do a number of things. However, not everybody is willing to do that. But that is the responsibility of everyone's own responsibility.

After all I read, that research is planned for **magnetic alternating fields (AC)** (powerlines) with 500 nT in relation to the **earth magnetic static field (DC)**, which is quite something else.
(There are persons who blame their sleeplessness to a phone mast. However exchanging their metal bed by a wooden bed lets dissipate the insomnia, despite the present mobile phone mast!)

Furthermore 50Hz fields are not critical. We are used to it. When I measure in the mains electricity net, I use a filter, which filters out 50Hz and its harmonics.
And then I can often identify that many *dirty* frequencies can be present, up to **30MHz**, which have nothing to do with harmonics of 50Hz. And to these frequencies, electrosensitives can react fierce.
Very often, the grounding cables may bring these frequencies into the house.

One should realise, that real-world signals are of quite different composition than those fabricated with a CW generator. UMTS per example consists 100Hz with multiples, 1,5kHz with multiples, and I have measured nice peaks of 100kHz in the side lobe of a UMTS transmitter.

Very often the **low frequent components** in high frequent signals, are so **biological relevant**. Tests with only high frequent carrier waves, without low frequent pulsates or modulations are therefore hardly useful.

On <http://www.milieuziektes.nl/Pagina9.html> I have placed a collection of recorded modulations of elektrosmog sources. These are sound fragments, which may go from 20Hz till ca. 17kHz.

There is no place for high frequent carrier waves.

It is remarkable, that when electrosensitives do listen to these modulations, they experience the same reactions as they do with the original sources!

That is not a placebo-effect, but the effect of *Poor man's Rife*.

At last I want to stipulate, that two elements of elektrosmog generally raise little attention.

Firstly that are the **magnetic static fields**. They may be present at metal objects like metal supporting beams (DIN-profiles), concrete reinforcements, under the floor present metal pipes, but also metal tubes from air ventilation systems, and of course the metal parts in beds, like mattress carriers, box springs and sprung mattresses (they can be measured quite well electronically, even with a compass). (Not to mistaken with earth beams and water veins, which are extremely minimal!)

Secondly what I call ***dirty air***. Many electrosensitives do react to that.

These are dirty frequencies (1Hz to 30MHz) which are transmitted into the air by electrical apparatus.

The delivery back into the electricity mains, we call ***dirty power***.

I refer to dr. Magda Havas, dr. Samuel Milham and Donna Fischer.

(An electricity-saving lamp for instance causes *dirty power* as well as *dirty air*.)

Vorschaltgeraete in the cabinets of mobile phone transmitters may cause also *dirty air*, which are transmitted with the main beam.

In many research laboratories *dirty power* and also much *dirty air* is present. It is not excluded that because of this bioresonance effects may happen, especially with tests at cell level, which may explain why in different laboratories different results are obtained!

My point is, that studies on 75% of the population of healthy *normal* people are useless, because they do not react to elektrosmog (yet).

One has to start researching on **exclusively electrosensitive** persons, and to investigate for which elektrosmog sources they may react, how much later they do react, at what quantity this happens and how long it takes before a stabilisation takes place.

It is not my intention to interfere with the Kennisplatform EMV.

I request to take this into consideration.

Yours truly,



Charles Claessens

03-09-2010 Testing of elektrosensitivity

I have been told, that some bozo's over here are reflecting on methods to test the elektrosensitivity on persons. But many such persons do not know how and why elektrosensitives may *tick*

Quite a number of such tests have fallen through, because the persons who designed those tests, did not understand what elektrosensitivity implies and how persons do react. People do not react like lamps.

I would like to explain my viewpoints in simple language.

Assume the following:

The condition of the immune system could be expressed as having a bucket in your belly. Slowly it will be filled with negative stuff, like toxic materials, heavy metals, drugs, etc.

In **figure 1** the bucket of a *nomal* person is shown.

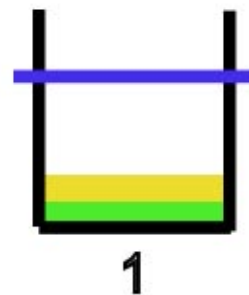
The **black** represents the bucket, and the **blue horizontal line is the pain barrier**, the **critical threshold** in the immune system.

The volume of such a bucket is different for each person, and also the height of the threshold differs with each person .

But let us continue with this imaginary situation.

The bucket contains already some negative slurry, but they do not form a threat. It may take a very long time before the threshold is reached.

These persons do not react to elektrosmog



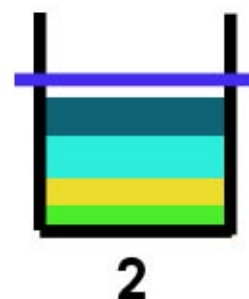
In **figure 2** the bucket has been filled till to nearly the threshold.

The immune system is already considerably damaged, but the critical threshold is not reached yet.

The *filling* of the bucket can contain a large diversity of factors, which may be even have nothing to do with elektrosmog.

At 200 to 2.000µW/m² (0,275 to 0,9V/m) the last level can raise to the threshold.

These values are for high frequency radiation, but low frequency sources may claim their toll too.

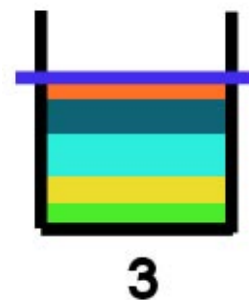


In **figure 3** the critical threshold is reached (the **red** is elektrosmog).

Every drop added may cause an explosion: In such a way that persons may show a number of negative health effects

And with the aforementioned exposures, one could have become elektrosensitive.

The other colors in the bucket represent other loads on the immune system, like poisons, toxins, heavy metals, uncoped or unprocessed trauma's, drugs, worms, viruses and bacteria, etc.



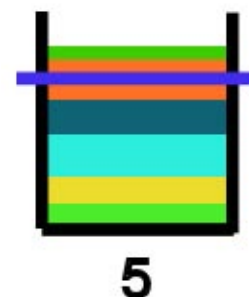
In **figure 4** everything has exploded, on top of the already present loads.

He/she now has become elektrosensitive.

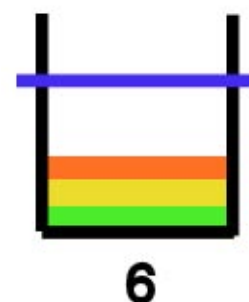
And then they may already react at exposures of **less** than 1µW/m² or 0,02V/m.



In **figure 5** the elektrosensitive has been charged extra, on top of the existing burden. The situation now is intolerable.



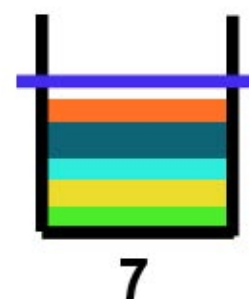
In **figure 6** a *normal* person will be charged with the same load, which may cause an elektrosensitive to suffer enormously, like in figure 4. However, the *normal* person will not react (yet). For that a much higher load is necessary.



Most studies about elektrosensitivity are therefore pure nonsense, because normal persons cannot react at loads on which elektrosensitives may react strongly.

An elektrosensitive can attain from **condition 4** again to **condition 3**, and even when a repair of the immune system is successful, the condition of **figure 7** may be reached. That is the reason why elektrosensitives at different moments or days feel better or worse.

The state of sensitivity does not remain constant and may change strongly. Also the sensitivity for different sources may take turns.



It may be clear, that for testing elektrosensitives, it is important, that they must have the condition as in **figure 3 before the test.**

Persons according to **figure 2** or **figure 4** do not qualify.

They should remain just below the threshold of the **blue** line, and for the same sort of elektrosmog source. Because for another source type, they may react quite differently.

Many elektrosensitives do react different or even not, at different sources like GSM, DECT, TETRA, WLAN, 5.8 GHz, *dirty air*, magnetic fields, etc.

Elektrosensitives may react to **very small amounts** of elektrosmog.

It is therefore ridiculous to involve a control group, because they cannot react at all.

(If they still do anyhow, than they were not *normal*, but elektrosensitive, without knowing it, like with so many people.)

Of course it would be marvelous, if elektrosensitivity was proven scientifically, but than it must be done good and correct.

But a clumsy study, where it is only proven that elektrosensitives do not react to sources, we do not need.

Kaul, Rubin and Frick made also principal mistakes.

De Hoge Gezondheidsraad heeft haar motivatie voor lagere grenswaarden als volgt omschreven in 2005:

Gelet op het feit dat het koninklijk besluit specifiek met gezondheid te maken heeft en gelet op de bestaande onzekerheden zowel m.b.t. mogelijke a-thermische (of niet thermische) effecten, als m.b.t. medische implantaten die de ICNIRP norm buiten beschouwing laat, meent de Raad evenwel, dat het opportuun is in het kader van het voorzorgsprincipe, een grotere veiligheidsmarge aan te nemen dan deze die door de ICNIRP richtlijn wordt gehanteerd. De Raad adviseert daarom een factor 200 in vermogensdichtheid t.o.v. de ICNIRP richtlijn aan te nemen, rekening houdend met de *huidige* wetenschappelijke kennis en technologie (wat voor 900 MHz met een norm van $0,024 \text{ W/m}^2$ of 3 V/m overeenkomt daar waar de ICNIRP richtlijn met een norm van $4,7 \text{ W/m}^2$ of 42 V/m overeenkomt. De maximum SAR (Specific Absorption Rate) voor het ganse lichaam zou dan $0,0004 \text{ W/kg}$ moeten zijn in plaats van $0,02 \text{ W/kg}$. De vermogensdichtheden S in W/m^2 zouden derhalve een factor 50 lager moeten zijn dan de in het voorstel vermelde waarden. Dit voorstel is gebaseerd op de volgende argumentatie:

- a. Beneden $4,7 \text{ W/m}^2$ tot ongeveer $0,024 \text{ W/m}^2$ of 3 V/m worden in de wetenschappelijke literatuur biologische effecten beschreven (weliswaar niet steeds bevestigd of naar menselijke gezondheid gerelateerd).
- b. 3 V/m is een Europese norm voor elektromagnetische compatibiliteit en geeft derhalve bijkomende bescherming aan personen met medische implantaten.
- c. 3 V/m geeft technische voordelen m.b.t. metingen en controle.
- d. Metingen die werden uitgevoerd door leden van de Raad zowel als door het BIPT (Belgisch Instituut voor Postdiensten en Telecommunicatie) en ISSeP (Institut Scientifique de Service Public) tonen dat deze norm geen technische en economische problemen geeft, tenminste wat de huidige antennes van mobiele telefonie betreft.
- e. Een dergelijke norm vangt onzekerheden op voor blootstelling van mogelijk genetisch gevoelige en zwakke individuen (o.a. kinderen en foetussen)
- f. De toepassing van het ALARA (As Low As Reasonably Achievable) principe in het kader van het voorzorgsprincipe.

There was an earlier advice in Oktober 2000, and a royal decree in April 2001.

The government had then implied a guideline of $20,6 \text{ V/m}$.

And now the flemish government has released guidelines: In Vlaanderen 3 V/m per GSM900 antenna, and a cumulative guideline for all GSM900 antennas of $20,6 \text{ V/m}$.

It has to be ratified by the Raad van State.

It is clearly visible, that the Belgians understand the fine print better than the dutch scribes.

It is also clear, that the Belgians show a compassion and sympathy with the weak in the society; that is something completely lacking and amiss with the dutch Health Council.