



*European Economic and Social Committee*

**TEN/559**  
**Electromagnetic**  
**hypersensitivity**

Brussels, 28 November 2014

**PRELIMINARY DRAFT OPINION**

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

\_\_\_\_\_  
Rapporteur: **Bernardo Hernández Bataller**  
\_\_\_\_\_

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

**N.B.:** This document will be discussed at the meeting on **5 December 2014** beginning at **9.30 a.m.**

Document submitted for translation: 24 November 2014.

Administrator: Martin Schneider

**Study Group on  
Electromagnetic  
hypersensitivity**

**President:** Mr Stantič (SI-I) (Rule 62 – Mr Csuport)

**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.

\*

\*      \*

**1. Conclusions and recommendations**

- 1.1 More and more people suffer from electromagnetic and environmental hypersensitivity syndrome due to exposure to electromagnetic fields, following the expansion of technologies in recent years. In addition to their health problems, people in this growing group often face discrimination when entering many public or private facilities (libraries, hospitals or even public transport), especially in buildings where devices have been installed for transmitting wireless technology.
- 1.2 These people usually have to suffer the incomprehension and scepticism of doctors who are unaware of this syndrome's existence and therefore fail to offer proper diagnosis and treatment. This is without considering all those other people who might be unaware of the possible reasons for their current health problems.
- 1.3 Due to lack of consensus in scientific opinion, not to mention the possible existence of conflicts of interest among the members of the scientific bodies involved in establishing maximum exposure levels, the independence of these bodies must be reinforced.
- 1.4 Electromagnetic hypersensitivity syndrome is a complex problem which has to be solved through a combination of legislative and other measures. In terms of fundamental rights, there is a conflict between the rights of sufferers, their physical integrity and health, on the one hand, and the right to freedom of communication, on the other hand. These rights need to be taken into account before legislation can be adopted on this issue. The EESC is in favour of adopting binding legislation that reduces or mitigates exposure to electromagnetic fields.

- 1.5 The EU should assist currently affected groups and limit exposure fields in light of the recommendations set out in this opinion, especially with respect to recognising this exposure as a cause of functional disability. Steps should also be taken to prevent the number of sufferers from gradually increasing in the future due to the expansion of devices using these technologies.
- 1.6 The EESC emphasises the need to step up the application of the precautionary principle, bearing in mind the risk of non-thermal biological effects of electromagnetic emissions. The EESC is in favour of ensuring a high level of health protection for workers by applying improvements that are available at a reasonable cost and should include this principle in European legislation.

## 2. Introduction

- 2.1 In recent years, adverse health effects have been attributed to growing exposure to electromagnetic waves in our homes.
- 2.2 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 (EMFs) from such everyday devices as mobile phones, can lead to permanent disability since there are reasonable indications that they cause anatomical and functional disorders for sufferers to the point that it limits or prevents their capacity to work. Moreover, some international organisations already recognise it as an occupational illness.
- 2.3 Through their recommendations, international organisations like the Council of Europe<sup>1</sup> or the WHO have established the existence of electromagnetic hypersensitivity as a health condition that can prevent people from exercising an occupational activity.
- 2.4 Since 1930, 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.
- 2.5 This is in spite of the fact that the European Parliament<sup>2</sup> addressed the problem in its resolutions of 2 April 2009 and 27 May 2011, calling for stronger protection measures than those currently in force.
- 2.6 There are court decisions in some Member States recognising electromagnetic and environmental hypersensitivity as grounds for declaring total and permanent work disability. Some countries consider it to be an occupational illness whereas others treat it as a functional disability.

---

<sup>1</sup> Resolution 1815 of the Council of Europe's Parliamentary Assembly.

<sup>2</sup> Resolutions of 2 April 2009 and 27 May 2011.

2.7 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".

2.8 Not only are there more and more people suffering from this syndrome but, moreover, they 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. This is without considering all those other people who might be unaware of the possible reasons for their current health problems.

### 3. **Electromagnetic hypersensitivity as diagnosis**

3.1 The symptoms 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.

3.2 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.

3.3 Electromagnetic hypersensitivity sufferers experience a serious deterioration in their quality of life, not only because of the physical symptoms it usually entails, but also because their lives are totally disrupted by the need to avoid exposure. In practice, it means that they not only have to avoid almost all public facilities such as transport, hospitals and libraries, but even their own homes, in order to escape adverse health effects, which is a breach of rights that are enshrined in the EU Charter of Fundamental Rights.

### 4. **Sources of electromagnetic hypersensitivity**

4.1 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, not to mention certain household appliances or devices (televisions, computers, etc.) in homes.

4.1.1 These all emit microwaves on a permanent basis (24 hours a day and seven days a week) wherever they are installed. What is more, the current use of data transmission technologies

through smart phones, Wi-Fi and Bluetooth leads to high levels of exposure to electromagnetic fields at all times.

## **5. Effects of electromagnetic hypersensitivity**

- 5.1 The effects of radiation are cumulative. 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).
- 5.2 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).
- 5.3 It is important to bear in mind that many cases are the result of continuous exposure to electromagnetic waves, with symptoms emerging over the long-term. This means that measures to counter these effects should be stepped up as studies and research may provide more certainty about the problem.
- 5.4 With regard to occupational health, it is important not to exclude any category of workers and the loopholes in EU legislation relating to occupational exposure to electromagnetic fields need to be closed. Groups who were not previously exposed to these risks are becoming increasingly concerned due to the increase in wireless installations in office buildings, making it necessary to adopt measures to mitigate the impact of continuous exposure. Most current cases of electromagnetic hypersensitivity syndrome are work-related.
- 5.5 Protecting workers' health from the risk of long-term effects is a concern: given the lack of what is termed "conclusive scientific data" - although some scientific research confirms that EMFs have adverse biological effects on workers - the public authorities need to adopt measures to avoid them. More transparency and independence is required concerning the activities of scientists belonging to the bodies responsible for setting maximum exposure levels in order to guarantee their objectivity.

## **6. Electromagnetic fields in mobile telephony**

- 6.1 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.
- 6.2 Given the large number of mobile phone users, it is important to investigate, understand and monitor any potential public health impact.
- 6.3 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.

- 6.3.1 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.
- 6.3.2 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 (Wi-Fi and WiMAX networks in airports, schools, residential and urban areas).

## 7. **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.

- 7.1 Council Recommendation 1999/519/EC of 12 July 1999 on the limitation of exposure of the general public to electromagnetic fields<sup>3</sup> 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.
  - 7.1.1 It also provides a reference framework for EU legislation about products and devices that emit electromagnetic fields.
  - 7.1.2 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.
- 7.2 The most important binding measures are set out below.
  - 7.2.1 Directive 1999/5/EC<sup>4</sup> 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.
  - 7.2.2 Directive 2013/35/EU<sup>5</sup> on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields).

---

<sup>3</sup> [OJ L 199, 30.7.1999, p. 59-70.](#)

<sup>4</sup> Directive of the European Parliament and of the Council of 9 March 1999, [OJ L 91, 7.3.1999, p. 10.](#)

<sup>5</sup> Directive of the European Parliament and of the Council of 26 June 2013, [OJ L 179, 29.6.2013, p. 1.](#)

- 7.2.3 Directive 2006/95/EC<sup>6</sup> on the harmonisation of the laws of Member States relating to electrical equipment designed for use within certain voltage limits ensures that the public, including workers, are not exposed to levels beyond those set by the 1999 recommendation.
- 7.2.4 Decision No 243/2012/EU<sup>7</sup> 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.
- 7.3 With regard to research, the EU Programme for Social Change and Innovation (PSCI) integrates existing programmes with general objectives that are geared to promoting compliance with EU objectives for employment, social and labour conditions and to supporting the development of social protection and suitable, accessible and efficient labour markets.
- 7.4 This is without prejudice to the Eighth Research Framework Programme's instruments for research into electromagnetic fields, or the Horizon 2020 Programme.
- 7.5 The EESC has stated its concerns regarding these issues and expressed its support for reducing exposure to non-ionising radiation in opinions<sup>8</sup> published on these rules while they were being prepared.
- 7.6 In Spain, there is a campaign pushing for the presentation of a European Citizens' Initiative (ECI) calling on the EU to take a legislative approach to the protection of people with electromagnetic hypersensitivity syndrome, allowing them to be recognised as having a functional disability. The EESC looks forward to the presentation of this ECI and urges civil society groups to use it as a means of participation.

## 8. General comments

- 8.1 Electromagnetic hypersensitivity syndrome is a complex problem which has to be solved through a combination of legislative and other measures. In terms of fundamental rights, there is a conflict between human dignity and physical integrity and the right to freedom and safety, on the one hand, which also affect the right to work, occupational freedom, and the right to non-discrimination and health protection of people with this syndrome and, on the other hand, the freedom of communication and to conduct a business. A balance needs to be found between these two sets of rights, depending on their relative importance to society.

---

<sup>6</sup> Directive of the European Parliament and of the Council of 12 December 2006, [OJ L 374, 27.12.2006, p. 10](#).

<sup>7</sup> Decision of the European Parliament and of the Council of 14 March 2012, OJ L .

<sup>8</sup> 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](#).

- 8.1.1 The EESC believes that the EU should assist current sufferers and take steps to limit exposure fields in order to prevent the number of sufferers from gradually increasing in the future due to the expansion of devices using these technologies.
- 8.1.2 From a legal perspective, the TFEU provides for the EU to complement national policies in the area of public health by facilitating their coordination since, in accordance with Article 168, it is not possible to adopt binding legislation as a general rule. Nevertheless, if the political will existed and all the Member States were convinced of the need for EU action to ensure a high level of health protection, prevent human diseases and avoid sources of physical health hazards, it would even be possible to go as far as adopting a regulation on the basis of Article 352 of the TFEU.
- 8.1.3 Other EU policies such as environmental or consumer protection policies, which are fully consolidated today, were founded under such provisions. In view of current problems (potential spread of diseases such as Ebola, etc.), the possibility of adopting certain types of public health measures should be considered during the next review of the Treaties.
- 8.1.4 All EU legislation should include the following principle:
- 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. This is a variant of the precautionary principle<sup>9</sup>, which makes it possible to adopt effective preventative measures and to review current limits without having to wait for total scientific and technical consensus, which is important for the most vulnerable groups.
- 8.2 Since public health is a cross-cutting value, EU measures could also be adopted on the basis of internal market rules (Article 114(3) of the TFEU), human health as an objective of environmental policy (Article 174) and other policies which include measures that could have repercussions in this area (such as consumer policy, economic and social cohesion policy, etc.). Examples of these measures are set out below.
- 8.2.1 A clear and graduated labelling system – similar to the one for energy efficiency – could be created, warning of the presence of microwaves or electromagnetic fields, the device's transmitting power, specific absorption rate and any health risks connected with its use.
- 8.2.2 Insurance policies often include a clause excluding these risks. As a result, the law should either be amended to prevent this exclusion or the appropriate competition law proceedings should be initiated to find out whether there is a cartel in the sector.

---

<sup>9</sup> COM(2000) 1.

8.2.3 Advertising and consumer information rules should be adopted to provide better protection for groups that might be more vulnerable. These measures could:

- restrict advertising messages and ban adverts for mobile phones that feature young people or minors;
- prohibit all publicity, irrespective of the medium used, that is directly intended to market or make mobile telephones available to under fourteens;
- prohibit free toys or gadgets for under fourteens that resemble mobile telephones;
- restrict the use of mobile telephones in schools and their use during learning activities and in any areas designated by each school;
- require each mobile phone sold to come with an accessory that protects the user's head from exposure to electromagnetic emissions during calls.

8.2.4 Particular attention should be paid to "electrosensitive" persons suffering from an EMF intolerance syndrome and specific measures should be introduced to protect them, such as recognition of the illness in various sectors, namely:

- health sector: recognition of the illness of electromagnetic hypersensitivity as an EMF intolerance syndrome;
- employment sector: recognition of hypersensitivity as an illness and adaptation measures;
- social sector: recognition of the functional disability.

8.2.5 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. For instance, monitoring and dosimetry systems could be developed for a more accurate understanding of possible adverse effects.

8.2.6 Systems for evaluating, preventing and managing risks in the workplace due to electromagnetic pollution also need to be improved through the proactive adoption of appropriate measures to mitigate, neutralise or eradicate it wherever necessary.

8.2.7 Information and dissemination measures for the general public could include:

- establishing a register of products entailing electromagnetic risks, given their potential for causing electromagnetic hypersensitivity;
- designing information and awareness-raising campaigns on the prevention and management of problems associated with this condition that mainly target people with compatible profiles and particular long-term vulnerability to electromagnetic fields and which explain the potential negative long-term biological risks for the environment and human health, with particular reference to children;

- raising awareness of the potential health risks of DECT wireless phones, baby monitors, and other household appliances that continually emit microwave pulses, such as electrical equipment that is left permanently on standby, and recommending the use of fixed corded telephones at home.
- 8.3 Adequate protocols for prevention, early diagnosis and treatment should be established to minimise healthcare and related labour costs.
- 8.4 Best practice guidelines should be drawn up in the business sector on mitigating the emission of electromagnetic waves and on taking measures to prevent, manage or neutralise any health impacts.
- 8.5 Access to exposure maps identifying the relevant installations and emissions levels should be facilitated and promoted, offering easy access to the databases of these maps.
- 8.6 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 by adopting legislation on:
- a safe distance between high-voltage power lines and other electrical installations and homes;
  - maximum permissible exposure levels and effective and transparent control mechanisms;
  - requirement for spatial planning tools to include public and private EMF-free zones (i.e. "white" zones, which would have to include housing, and public spaces that were free of electromagnetic pollution, such as health centres, hospitals, libraries, workspaces, etc.).
- 8.7 Adequate protocols for prevention, early diagnosis and treatment should be established to minimise healthcare and related labour costs, in particular by using biocompatible technologies.
- 8.8 Measures are needed to address the private use of mobile phones, DECT-type cordless phones that are not Full Eco, Wi-Fi systems, WLAN and WiMAX for computers and other wireless devices such as baby monitors. It should also be ensured that the default mode on devices for wireless systems is "off".
-