

# het beetje

1/2 October 2006



[www.milieuziektes.nl](http://www.milieuziektes.nl)

## English Version

€ 16.600.000

€ 16.600.000

**Taxpayers money**

€ 16.600.000

€ 16.600.000

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## Colodings & else

Strengthened by the eclatant success of the Swiss EH Study, where officially no effects from RF radiation was found, although the praxis showed otherwise, see \*het bitje\* September, the dutch government, by several of its ministries, has asked [www.zonmw.nl](http://www.zonmw.nl) to organize studies of \*Electromagnetic Fields and Health Research Programme\*.

This research programme will take up to 8 years, and a budget of € 16.600.000 is made available. Up to now only funded by government sources. But that may change later on.

The experience with the manipulated ETH Study makes us somewhat suspicious about this all, especially when 16.6 Million € of taxpayers money is involved.

In our optics, this is happening on very, very quietly and silently.

Without any publicity is it very well orchestrated and wrapped up outside all media.

As I recall, the TNO Cofam Study did cost ca. € 320.000, and the ETH Study € 485.000.

The how and what is described in the leaflet EMF-H Programme Proposal 3.4.pdf, to be found at the homepage of [www.zonmw.nl](http://www.zonmw.nl).

In this document, the Programme Committee Members are listed, and those are the persons who will decide who gets how much of the big bag of money.

Remarkably, some committee persons have to do with Cancer Centers. It is known that many of those centers are sponsored by the mobile phone industry.

Also remarkably is, for instance, the last person on the committee members list, a certain Harke Smits, from the dutch Consumers' Association. However, he is not employed there anymore. Further \*googling\* learns, that he is a HAM, or radio amateur, especially for the 24 GHz band.

Question, is a radio amateur qualified to make decisions regarding research on electrosensible persons in order to see if health effects occur?

A bigger question arises. Which person on this committee list is qualified to make decisions regarding electrosensible people?

They may be well qualified to look after the scientific values of the studies, but in my opinion not when it matters the well-being of sensitive persons, and the acceptance of electrosensibility, which is ignored by most of them.

To my knowledge, none of these members has ever openly looked into the question of electrosensibility. I mean looking hard into the health effects of elektrosmog. Real hard.

However, it is my opinion, that in order to investigate if electromagnetic fields do have a health influence on people, one must accept fully, that electrosensible people do exist.

Because they do.

The only problem is, that they differ in quality; one person may react stronger than another. Also the time delay of reactions may differ, as do the health complaints.

It can not be, that a researcher pushes a button and asks the test person: \*Do you feel something, now, this instant?\*

It is not right in placing a strong sensitive aside a weak sensitive person under the same test conditions.

Without comprehending \*what makes electrosensibles tick\*, no reasonable research in this matter is possible.

A classification of electrosensibility is therefore needed, so that persons with the same sensibility, for the same fields, are placed together.

It is also necessary that electrosensible persons be checked for their sensibility and conditioned before testing, which in the also recent past was not done properly, because the scientists had the opinion, that electrosensibles do not exist.

Mainly because they do not know the working mechanism.

And that is very stupid.

**The working mechanism is already for 90% researched and scientifically proved.  
It is mathematical calculated.**

If one places the publications and studies of for instance Olle Johansson, Tony Fleming, Andrew Goldsworthy, Dimitris Panagopoulos and others over each other it is clear.

Give them money to prove the last 10%, and we know what we are talking about.

Now, the € 16.6 million is wasted money.

A few companies, who's interest is only in finding a proof that their \*shielding materials\* do have some characteristics, will benefit out of this.

They still do not realise, that the radiation of Elektrosmog on one side and the biological reactions of the body on the other side are in reality two quite different things.

The main result will be, that everything is harmless.

On the following pages, I inserted my letter to [www.zonmw.nl](http://www.zonmw.nl) with my remarks, which they said, shall NOT be forwarded to the committee members.

I have informed them that I now will go public.

So the starting point of all these studies have already been set.

Because the [www.zonmw.nl](http://www.zonmw.nl) is in dutch, and the link to the aforementioned programme proposal also in dutch, but the document itself in English, I wrote my letter also in English, in the hope that they would understand it.

But they can not understand it, because they will not see it through the appropriate channels, so Zonmw is already making a heavy barrier.

But the secretary has read it now, and is thinking and thinking and thinking what sort of answer they will give me, over a week.

But we are racing towards the deadline of 2 November.

In 8 years, we may conclude that this all was a waste of taxpayers money.

And the victims are still miserable.

Victims of moneymakers, who don't give a damn about health.

Scientists who really seriously want to investigate the effects of EMV do not get any money at all.

#### Appendix 4. Programme committee members

##### Chair

Prof. Eric Roubos Department of Cellular Animal Physiology, Institute for Neuroscience, Radboud University, Nijmegen

##### Co-Chair

Vacancy

##### Members

Prof. Anders Ahlbom Division of Epidemiology and deputy director of the Institute of Environmental Medicine at the Karolinska Institute, Stockholm, Sweden

Prof. Floor van Leeuwen Subsection on Epidemiology, The Netherlands Cancer Institute, Amsterdam  
Comprehensive Cancer Center, Amsterdam  
Department of Clinical Epidemiology and Biostatistics, Faculty of Medicine, Vrije Universiteit Amsterdam

Dr. Maila Hietanen Non-Ionising Radiation Section of the Department of Physics at the Finnish Institute of Occupational Health (FIOH), Finland

Dr. Peter Wiedemann DPhil Programmgruppe Mensch, Umwelt, Technik (MUT)  
Risikowahrnehmung und Risikokommunikation,  
Krisenkommunikation, Forschungszentrum Jülich,  
Deutschland

Prof. Meike Mevissen Division of Veterinary Pharmacology & Toxicology, Vetsuisse Faculty Berne / University of Berne, Switzerland

Prof. Lucy Anderson Laboratory of Comparative Carcinogenesis, Cellular Pathogenesis Section, National Cancer Institute at Frederick, USA

Prof. Luc Martens Wireless & Cable research group of INTEC, University of Ghent, Belgium

Dr. Gerard van Rhoon Department of Hyperthermia, Daniel den Hoed Cancer Center, Rotterdam

Dr. Frank van den Bogaart TNO (Defence, Security and Safety), Den Haag  
Trudy Prins, MSc GGD-Nederland, Utrecht  
Harke Smits Netherlands Consumers' Association, Den Haag

Zonmw  
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2593 CE Den Haag

Betr.: elektromagnetische-velden-en-gezondheid

Retie, 05-10-2006

To whom it may concern,

regarding the proposed Studies Electromagnetic Fields and Health, for which 16 million Euro is reserved, we would like to place some remarks.

First of all, most studies do have the starting point of proving that electromagnetic fields are harmless.

The design of most studies is done that way.

Officially electrosensible people do not exist, so they do not play a part in those studies.

Yes, of course, so-called electrosensible people did participate in tests, but nobody took the trouble of investigating them, or tried to determine in what way these people were indeed electrosensible.

It was observed that some people could react to those fields, but nobody took the trouble of investigating to which fields those people reacted and in what way. And why.

Since many years we perform as building biologist and have done many house surveys in the Netherlands and Belgium, according to the Standard baubiologische Messtechnik SBM 2003.

As such we came into contact with many people who experienced health complaints from what we call \***elektrosmog**\*. Under elektrosmog, we make differences in:

- **electrical static** (DC) fields

Sources: synthetic carpeting, drapes and textiles, vinyl wallpaper, varnishes, laminates, TV or computer screens

- **electrical dynamic** (AC) fields

Sources: AC voltage in cable, wiring systems, appliances, walls, floors, beds, high-tension power lines

- **magnetic static** (DC) fields

Sources: steel in beds, mattresses, furniture, appliances, building materials, DC current in street cars

- **magnetic dynamic** (AC) fields

Sources: AC current in wiring systems, appliances, transformers, motors, overhead or ground cables

- **electromagnetic** (AC) waves

Sources: radio and TV towers, cellular phone technology, wireless networks, cordless phones, radar, military applications, electronic devices and even in wiring systems

Geomagnetic fields are not considered now, but may play a role also.

We have observed, that people may have become electrosensible by any one of those aforementioned sources, and then further on became sensible to other sources.

As an example: A person has become electrosensible by the magnetic (DC) fields of certain metals parts in the bed. Nearby mobile phone masts did raise the sensibility, so that sleep disorders occurred. Changing of the bed into a complete wooden one, without metal parts, did dissolve the sleeping disorders, despite the phone masts.

By some knowledge about bioresonance technology, we have a better understanding of the effects frequencies can have on the body.

Most studies look at the impact of radiation of a specific frequency on humans or cells or whatever.

We start looking from the position of the electrosensible person, from the receiving end.

**We accept the existence of electrosensibility.** That is our starting point.

Our personal estimate is that 10 % of all persons do suffer from elektrosmog. Many people do not realise that their health complaints may come from elektrosmog, because most of the physicians do not have knowledge of this phenomenon. For many of these health complaints, the medical establishment cannot find an origin.

Dr. Gerd Oberfeld from Salzburg told us, that he had researched this and came to 19%.

Many German physicians mention 25% of their patients do suffer from elektrosmog.

The German Krankenkassen claim that 30% suffer from one or another environmental illness.

(Even the Swiss ETH showed that 3.4% of the participants showed adverse health effects after only 45 minutes exposure.)

So if we take those 25% of people who react one way or another to elektrosmog, there remains the fact, that the other 75% do not have reactions at all, yet.

Why is that? They are exposed to the same levels of elektrosmog, but do not have any reactions at all.

There are some \*things\* on the market, which are claimed to \*neutralise\* or \*harmonize\* the elektrosmog. That is utterly nonsense, because measurements of the radiation levels did not show any alteration of the radiation sources at all. Still, electrosensibles feel better with them. Why?

We think that those \*things\* boost the immune system, and by that those people do feel better.

We do have the opinion, that people who are electrosensible or who may become that, do have elements or agents in their body which may react to elektrosmog.

I quote: *\*Calcium plays an important part in many of these cascades and acts as a kind of master gain control. Consequently, the entry of extra calcium into the cytosol as a result of electromagnetic exposure tends to stimulate whatever activity the cell in question is programmed to carry out. If it is programmed to grow, growth may be stimulated, if it is programmed for repair, healing may be stimulated, if it is a dormant precancerous cell, tumour production may be stimulated.\**

So, also genetically, one may be predisposed for non-thermal biological effects..

We found that for instance heavy-metals in the body may improve electrosensibility; and when one succeeds in getting them out, the sensibility may decrease enormously. So, the immune system plays a very important part in this whole. Re-establishing the immune system also may decrease the sensibility.

The 75% of the population which are not affected yet, do not have anything in their body that can react; we call them \*normal\* people. It is therefore obvious that in tests nothing can be found!

Our measurements in the Benelux showed inside houses, HF radiation levels of an average of

200-2.000  $\mu\text{W}/\text{m}^2$  per antenna. Below these levels, normal people will not be affected. They only may have adverse health effects with levels higher than these.

The \*abnormal\* people however, may become electrosensible at these levels, and when they have become electrosensible, they may experience health complaints at 1  $\mu\text{W}/\text{m}^2$ ; some even at 0,1  $\mu\text{W}/\text{m}^2$ .

Many discuss, that there must be a doses relationship. We say yes and no.

Sure, everything above 10.000  $\mu\text{W}/\text{m}^2$  may affect everybody (and think about DECT phones and wireless modems/routers and other Wi-fi stuff).

(The main critic to the Naila study is, that the influence of DECT phones was not looked after.)

But it is also observed, that electrosensible people can react to very small levels of radiation, which are sometimes very hard to measure.

We know of persons who have reactions on the skin for batteries; others who have allergic skin reactions for hidden mobiles in the pocket of visitors. Others may have reactions on 30 kHz signals coming from normal cord-phones and 220 V wall sockets, where \*dirty power\* is found, as on cable-TV cables.

We found also, that persons who have recovered in such a way, that they do not react anymore to phone masts and also to many DECT phones. However, to some DECT phones they react, although the radiation level is **much less** than other DECT phones from which no reactions occur!

We came to the conclusion that electrosensible persons do have a \*biological window\*, of different size and with a different filtering glass. Heavy electrosensibles do have a wide-open \*biological window\*; less sensitive people do have a smaller \*biological window\* with special filters, and normal people do have a closed \*biological window\*.

So, very weak elektrosmog fields may have a hard impact on electrosensible people, while very strong fields do not show any impact on others. With electromagnetic waves, we found that not the high frequency carrier or only the (low frequent) pulsrate is a disturbing agent, but the resulting waveform from the high frequency carrier together with the low frequency modulation form the trigger for complaints.

One should be aware of that.

Also the fact that persons may react instantly, but also much later.

There are persons who have complaints today from what they were exposed to yesterday.

Therefore we are now working on a system for determining a classification system for electrosensible persons, from 1 to 10.

Together with that their \*biological window\* will be established.

We know which apparatus is necessary to do that.

(There is even an instrument to measure the vibrations of cells and make them audible. A yeast cell produces about 1.000 vibrations a second. \*Sick\* cells produce other vibrations.)

We have also compared a number of international studies, and by overlaying them over each other, we came to the conclusion, that 90% of the working mechanism is already scientifically found with a valid explanation for how weak electromagnetic fields affect living cells and non-thermal biological effects of electromagnetics occur.

It is our opinion, that doing epidemiological research with only one aspect of elektrosmog

factor, it is insufficient. Even people with Candida may have typical \*elektrosmog symptoms\*.

Radiation of dead stuff is insufficient.

Mobile phones in the off position do still emit HF radiation! So one has to be sure that for control **ALL** other factors are not present.

In order to find effects, the natural self-regeneration mechanism of the body must be get around.

(In tests with chicken eggs this mechanism may be killed instantly.)

Radiation a loose number of persons is insufficient, certainly when the classification of electrosensibles is not known; anyway they must be of the same category.

We would like you to take these remarks into consideration.

Our opinion is based on own experience and the support and backing of scientists from the UK, Sweden, Australia, Austria, Denmark, Greece, and Tjecho-Slovakia.

The purpose of the Zonmw studies, I assume, is to find in what way electromagnetic fields do have an impact on the health of population, and how much, at what levels.

Tests on cells etcetera is nice, but it all boils down to what real humans experience.

And that may be quite different from expectations or theory.

Greetings,

Charles Claessens

member Verband Baubiologie

[www.milieuziektes.nl](http://www.milieuziektes.nl)

[www.milieuziektes.be](http://www.milieuziektes.be)

[www.hetbitje.nl](http://www.hetbitje.nl)

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