



*International Scientific Declaration on  
EHS & MCS  
Brussels 2015*

## **Statement**

# **2015, Brussels International Scientific Declaration on Electromagnetic Hypersensitivity and Multiple Chemical Sensitivity**

**Following the 5<sup>th</sup> Paris Appeal Congress that took place on the 18<sup>th</sup> of May, 2015 at the Royal Academy of Medicine, Brussels, Belgium**

Recalling the pioneering work of the American allergologist Theron G Randolph to whom we owe the first clinical description in 1962 of what is today commonly called multiple chemical sensitivity.

Recalling the scientific workshop on multiple chemical sensitivity which was conducted in 1992 at the request of the US Environmental Protection Agency.

Recalling the report of the international workshop on multiple chemical sensitivity which took place on February 21-23, 1996 in Berlin, Germany.

Recalling the United Nations Economic Commission for Europe (UNECE) Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters, adopted on 25 June 1998 in Aarhus, Denmark.

Recalling the COST 244 bis international workshop on Electromagnetic Fields and Non-specific Health Symptoms, September 19-20, 1998, Graz, Austria.

Recalling the Paris Appeal international declaration on diseases caused by chemical pollution which was proclaimed in May 7, 2004 at UNESCO Paris headquarters.

Recalling the WHO Fact sheet N°296, December 2005 "Electromagnetic fields and public health : Electromagnetic hypersensitivity".

Recalling the report of Margaret E. Sears entitled "The Medical Perspective on Environmental Sensitivities", which was prepared for the Canadian Human Rights Commission and published May 2007.

Recalling the 2007/2012/2014 Bioinitiative Report: A Rationale for Biologically-based Public Exposure Standards for Electromagnetic Fields (ELF and RF).

Recalling the European Parliament resolution of 2 April 2009 on "health concerns associated with electromagnetic fields".



Recalling the “Scientific Panel on Electromagnetic Field Health Risks: Consensus Points, Recommendations, and Rationales”, held at Seletun, Norway, November 17-21, 2009.

Recalling the Resolution N°1815 of the Parliamentary Assembly, Council of Europe, adopted May 27, 2011 « The potential dangers of electromagnetic fields and their effect on the environment ».

Recalling the WHO Fact sheet N°193, October 2014 “Electromagnetic fields and public health: mobile phones”.

Recalling the recent International EMF Scientist Appeal in U.N. to Protect Humans and Wildlife from Electromagnetic Fields and Wireless Technology, May 11, 2015.

Considering that the chemical and electromagnetic environment is deteriorating globally, and that so called electromagnetic hypersensitivity (EHS) and multiple chemical sensitivity (MCS) are an escalating worldwide health problem, affecting industrialized as well as developing countries.

We, physicians, acting in accordance with the Hippocratic Oath, we, scientists, acting in the name of scientific truth, we all, medical doctors and researchers working in different countries worldwide, hereby state in full independence of judgment,

- <sup>35</sup><sub>17</sub> that a high and growing number of persons are suffering from EHS and MCS worldwide;
- <sup>35</sup><sub>17</sub> that EHS and MCS affect women, men and children;
- <sup>35</sup><sub>17</sub> that on the basis of the presently available peer-reviewed scientific evidence of adverse health effects of electromagnetic fields (EMFs) and various chemicals, and on the basis of clinical and biological investigations of patients, EHS is associated with exposure to EMFs and MCS with chemical exposure;
- <sup>35</sup><sub>17</sub> that many frequencies of the electromagnetic spectrum (radio- and microwave-frequencies as well as low and extremely low frequencies) and multiple chemicals are involved in the occurrence of EHS and MCS respectively;
- <sup>35</sup><sub>17</sub> that the trigger for illness can be acute high intensity exposure or chronic very low intensity exposure and that reversibility can be obtained with a natural environment with limited levels of anthropogenic EMFs and chemicals;
- <sup>35</sup><sub>17</sub> that current case-control epidemiological studies and provocative tests aiming at reproducing EHS and/or MCS are scientifically difficult to construct and due to the present design flaws are in fact not suitable to prove or disprove causality; in particular because objective inclusion/exclusion criteria and endpoint evaluation criteria need to be more clearly defined; because responses to EMFs/chemicals are highly individual and depend on a variety of exposure parameters; and finally because test conditions are often reducing signal-to-noise ratio thereby obscuring evidence of a possible effect;
- <sup>35</sup><sub>17</sub> that the nocebo effect is not a relevant nor a valid explanation when considering scientifically valuable blind provocation studies, since objective biological markers are detectable in patients as well as in animals;
- <sup>35</sup><sub>17</sub> that new approaches are emerging for clinical and biological diagnosis and for



- monitoring of EHS and MCS including the use of biomarkers;
- <sup>35</sup><sub>17</sub> that EHS and MCS may be two faces of the same hypersensitivity-associated pathological condition and that this condition is causing serious consequences to health, professional and family life;
- <sup>35</sup><sub>17</sub> finally that EHS and MCS ought therefore to be fully recognized by international and national institutions with responsibility for human health.

In view of our present scientific knowledge, we thereby stress all national and international bodies and institutions, more particularly the World Health Organization (WHO), to recognize EHS and MCS as true medical conditions which acting as **sentinel diseases** may create a major public health concern in years to come worldwide i.e. in all the countries implementing unrestricted use of electromagnetic field-based wireless technologies and marketed chemical substances.

Inaction is a cost to society and is not an option any more.

Although our scientific knowledge remains to be completed, we unanimously acknowledge this serious hazard to public health, urgently requiring the recognition of this condition at all international levels, so that persons can benefit from adapted diagnostic tools, innovative treatments, and above all, that major primary prevention measures are adopted and prioritized, to face this worldwide pan-epidemic in perspective.

According to the present scientific knowledge and taking into account the precautionary principle, we unanimously recommend that true information in the use of chemicals and wireless technologies be made accessible to the public and precautionary regulation measures applying particularly to children and other vulnerable population subgroups be urgently taken as it should be the case regarding chemicals in the application of the European REACH (Registration Evaluation and Authorisation of CHemicals) regulation.

To fulfill these objectives, we unanimously request that institutional committees designed for evaluating the risks of EMFs and chemicals be constituted by scientists acting in clear science-based independency and so exclude any experts with industry affiliation.



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**We therefore ask all national and international bodies and institutions to be aware of this critical environmental health issue and to take urgently their responsibility, more specifically WHO, updating its 2005 and 2014 statement on EHS and recognizing EHS and MCS as part of the WHO International Classification of Diseases (ICD). EHS and MCS should be represented by separate codes under the WHO ICD in order to increase awareness by the medical community and the general public; to foster research on the population that acquires these pathological syndromes; and, to train medical doctors on effective medical prevention measures and treatments.**

A response to this declaration is expected by the 15<sup>th</sup> of September, 2015.



Signatories

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