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# MEMORANDUM

For citizens' freedom of choice
and diversity
of lifestyle in Europe

to the attention
of the President
of the European Commission

submitted by
European Alliance of Initiatives for Applied Anthroposophy / ELIANT

# For citizens' freedom of choice and diversity of lifestyle in Europe

# Summary

**ELIANT** submits this Memorandum with reference to article 11 of the Treaty on European Union relating to participatory democracy. ELIANT has the support of 1 million citizens.

## Part I

**ELIANT** calls for an EU legislative framework to provide the conditions for safeguarding and promoting activities based on Anthroposophy. The activities of applied Anthroposophy are focused on the individual citizen in Europe, strengthening his personal ability to act as an individual responsible for his cultural, social, and natural environment, as a conscious consumer and as person who takes care for his well-being: Biodynamic food and agriculture, Anthroposophic medical treatment and Waldorf-Steiner education all contribute to an active and healthy person and ultimately to the health of European society as such.

**ELIANT** members consider their initiatives as making a valuable contribution to the cultural and economic diversity of Europe. They consider that European integration should not lead to a levelling down but rather promote differences in accordance with the motto "United in diversity" to the advantage of everybody in Europe.

**ELIANT's** requests fit well with some of the flagship initiatives of the Europe 2020 Strategy such as those related to "Innovation Union", "Industrial policy" and "Youth on the move".

**ELIANT** members are concerned about the fact that some of their activities in agriculture, nutrition and health care suffer from the fact that mainstream EU legislation does not sufficiently take into account the specific requirements of their approach. **ELIANT** regrets in particular that some of the achievements of applied Anthroposophy, for instance in medicine and health care, are only available in some Member States while they are not admitted in others. European citizens should have the advantage to enjoy their freedom of choice everywhere in the internal market.

Other activities of **ELIANT** members, especially in education, propose strengthening certain ongoing actions of the Union.

**ELIANT's** main concerns and requests with regard to EU legislation and policies are:

### Agriculture and nutrition

- No artificial vitamin fortification for biodynamic and other organic baby food
- Assure the continued legal manufacture and use of biodynamic preparations
- Legal protection of biodynamic agriculture and organic farming against GMO contamination
- Hygiene legislation in the food chain must not lead to the abolition of SMEs in rural areas; introduction of the concept of salutogenesis in hygiene measures
- Secure voluntary (not mandatory) electronic identification (EID) in animal keeping and production

### Medicine and Health

- develop adequate legislative and regulatory frameworks to secure access to all Anthroposophic Medicinal Products for human use (AMP) equally for citizens in all European Member states

- implement fully the right of establishment and the free movement of services for Anthroposophic Medicine (AM) professionals,
- integrate the appropriate patients' rights into measures relating to consumers' interests, especially in view of patients using AM,
- appropriately integrate the AM into measures related to the improvement of public health

**Education and lifelong learning**

- improve educational outcomes by reassessing how certain childhood competences such as the development of imagination in free play are prerequisite to the development of competences later on in life,
- engage the motivation, thinking skills and creative action of young people through, for instance, the increased use of portfolio work and greater freedom of curricula,
- involve more actively independent educational stakeholders in the clusters devoted to educational themes

**Disabilities**

- pay special attention to the situation of people with special needs, such as learning disabilities and complex dependency needs, within the European Disability Strategy 2010–2020

**Research**

- Future R&D Programmes of the EU, in particular FP 8 should more substantially take into account the need for holistic research approaches to living processes
- Establish a technology platform "Complementary and holistic research in life sciences"

# Part II

**Part II** of the Memorandum describes the "**Action ELIANT**" collecting 1 million signatures supporting the aims of its Charter.

In particular the report shows that **Action ELIANT** comes close to the requirements of article 11.4 TEU and the new regulation on the citizens' initiative.[1] This relates in particular to the minimum number of Member States and the minimum number of signatures per State. **ELIANT** has also paid particular attention to the verification of signatures.

The one million **ELIANT** signatures of European citizens are an indication that, on the matters mentioned in **Part I**, legal acts of the Union are required for the purpose of implementing the Treaties adequately. All the subjects fall within the powers of the Commission under the Treaties either by submitting legislative proposals or encouraging cooperation between Member States.

In this light **ELIANT** considers its initiative if not formally falling under Article 11§4, at least as a step of great political value in the context of Article 11§2 TEU. **ELIANT** therefore expects the Commission to reply adequately to the concerns expressed in this Memorandum.

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# Part I: ELIANT's position and concerns with regard to EU policies and legislation

## 1. General Context

The NGO ELIANT is the alliance of ten European umbrella organisations for applied Anthroposophy, active in the fields of agriculture and nutrition, medicine and public health, Waldorf-Steiner education as well as curative education and social therapy. ELIANT advocates humanitarian and cultural aims and calls for European policies allowing each citizen to make choices for his or her individual way of life, mode of education and healthcare.

These objectives have been supported by one million European citizens, demonstrating broad agreement with the aims and goals laid down in the ELIANT Charter (see annex 3).

### 1.1 Anthroposophy

The considerations and requests of this Memorandum have a common denominator: they all concern EU legislative framework conditions safeguarding activities based on applied Anthroposophy. Rudolf Steiner used the term Anthroposophy for his philosophical and spiritual teaching. Derived from the Greek the

term means literally: knowledge of the human being. The Anthroposophic view provides added value in the realms of scientific, cultural and economic life. The unfolding of individual capacities through committed involvement can be met with innovating ideas in civil society.

One central feature of applied Anthroposophy is interdisciplinary exchange and complementarity. This is reflected in the fields of action covered by the ELIANT core members. The aim of this interactive reflection is to open up and to combine various sources of health and health care to the advantage of the individual and finally of society as a whole.

Healthy nutrition and education as well as empowering individuals in order to activate self-healing processes are necessary answers to the socio-economic questions of our times. In their multi-disciplinary Europe-wide cooperation, the core members of ELIANT show that innovative exchange between the different fields of their activities has an amplifying effect.

### 1.2 Fundamental rights

The ELIANT core members feel encouraged and strengthened in their endeavours by the Charter of Fundamental Rights of the European Union (CFR), now part of the EU legal framework. This Charter clarifies that European policies must be based on human values and guarantee a perspective for individual development and choices. ELIANT's Charter corresponds to these European values. ELIANT points in particular to articles 1 and 3 (Dignity) 10, 13, 14, 15 and 16 (Freedoms) 21, 22, 25 and 26 (Equality) as well as 32, 35, 37 and 38 (Solidarity) which are, in its view, of eminent importance in this respect. In a pluralistic society, citizens have a right to an individual approach to life and individual choices. The CFR articles mentioned above, in particular in their systematic combination, provides a fundamental framework for these needs and rights.

For instance, all of the following articles of CFR will contribute to securing the availability of medical treatment for a citizen wanting to make use of the Anthroposophic health system: Article 3 CFR (integrity of a person) and Art. 10 (freedom of thought and conscience) for the patient, Article 13 (freedom of sciences) for the professor who teaches the doctor, Articles 14 (right to education) and 15 (freedom to choose an occupation) for the doctor and Article 16 (freedom to conduct a business) for the pharmacist who produces the medicine. All partners in this cooperation could also rely on Articles 21 (non-discrimination) and 22 (cultural diversity). Guided by these articles, a more adequate legal framework must be developed in form of a new EU regulation for Anthroposophic Medicine.

ELIANT acknowledges the task of public authorities to guarantee the safety

of medicinal products and health care services. However, ELIANT considers that this task should be carried out in consistence with the principles laid down in Article 52 CFR (scope of guaranteed rights). This implies in particular that any limitation to those rights must genuinely meet objectives of general interest, observe the principle of proportionality and must always respect the essence of those rights and freedoms.

ELIANT states in this Memorandum that the principle of proportionality has insufficiently been taken into account in European legislation in matters impacting on the working field of applied Anthroposophy. ELIANT therefore sees a need for either modifying the relevant existing regulations or considering new legislation. ELIANT would like to discuss further with the EU Commission and the other European Institutions whether a "public hearing" on some of these issues would be advisable.

European politics in all its complexity follows a democratic procedure and therefore has the potential to provide choices. However, in reality the European agenda reveals a general concentration at growth-oriented economics, over-regulation and overprotection. Mainstream policies do not give sufficient space to holistic and complementary approaches, and by not taking into account their experiences and best practices on the different EU policy-fields.

### 1.3 Participatory democracy

With this Memorandum the NGO ELIANT wishes to contribute to a successful accomplishment of the EU's Europe 2020 strategy. ELIANT's engagement is a contribution formulated by the civil society sector in this policy formation process. The often cited term "United in diversity" needs to be taken seriously. The core members of ELIANT consider their initiatives as valuable contributions to the cultural pluralism in Europe in its widest sense.

In this context, ELIANT cooperates with many other NGOs, struggling for a European policy which puts the citizens at its centre. "Re-thinking" of policy approaches from several aspects is necessary in order to focus on a humanised world with competent and free citizens and on a sustainable development of European society and environment.

In the collection of one million signatures of European citizens within the Action ELIANT (see www.eliant.eu), the ELIANT Alliance has anticipated the new level of involvement of European citizens and civil society in EU politics as now established in Article 11 TEU. With one million signatures, ELIANT can demonstrate the EU-wide concern of citizens for the issues of applied Anthroposophy. Because of pressing demands, ELIANT members decided not to delay their collection campaign until implementing regulations for

a European Citizens' Initiative (ECI) according to Article 11§4 were in force. However, as Part II of this Memorandum shows, Action ELIANT comes very close to a real citizens' initiative as now defined in Article 11 § 4 and the implementing regulation.

The initiative of ELIANT covering a number of citizens´ demands for legal acts of the Union can be considered an unusual approach. However, several legal acts have to be changed or newly introduced in order to safeguard the possibility of choice as defined above.

ELIANT believes that the EU Commission will accept its considerations, suggestions and demands in the context of the new relationship between EU institutions and the civil society. ELIANT urges the Commission to facilitate an open and transparent dialogue with the ELIANT core members about their concerns and demands. As ELIANT´s approach is widely politically supported, ELIANT believes that its concerns will be examined carefully by the Commission and its various services and expects to receive a substantial response.

## 2. Agriculture and Nutrition

### 2.1 Overview: Biodynamic agriculture and Demeter food

Demeter International is a registered association representing 4.400 farms with about 145.000 hectares of agricultural area in 43 countries worldwide. Demeter is the oldest trademark related to organic farming products and was founded in 1928. Demeter stands for biodynamical produced foods. Biodynamic cultivation of the soil was founded by Rudolf Steiner in 1924. Biodynamic agriculture exceeds the demands of EC-regulation 834/2007 on organic farming in several aspects. For example the conversion of farms from conventional to biodynamic farming prescribes the conversion of the complete farm (not only parts of it). Bought-in feedstuffs from conventional production are not permitted. Biodynamic agriculture already puts into practice the future-oriented concept of a cyclical production and economic system. That means that the farm is developed into a so-called "farm individuality", a process entailing a continuous maturing, diversifying and differentiating. In addition the farmer is obliged to raise livestock. Dehorning cattle is prohibited, however. The inclusion of cosmic rhythms and the use of biodynamic preparations play an important role in biodynamic farming. Biodynamic preparations are plant and mineral substances which are produced with the aid of certain animal organ sheets. These special preparations are added in very low homoeopathic concentrations to the compost and sprayed on soil and plants. Biodynamic preparations improve soil fertility, stimulating plant growth and enhance ripening processes of the cultivated crops. see *www.demeter.net*

### 2.2 Common Agricultural Policy [CAP] and EU legislation versus biodynamic food and farming?

**CAP:** The mainstream policy of the CAP has neglected the promotion of sustainable and environmental friendly agriculture on a larger scale. Support was mainly given to agro-industrial farming. In November 2010 Demeter International has joined the Agricultural and Rural Convention (ARC), a broad alliance of European civil society organisations and networks. The ARC submitted a proposal to the Commission and other EU institutions for a reform of the CAP on 16 November 2010.[2] Demeter International fully supports the proposed reforms of the ARC and is asking the Commission to take the necessary steps leading towards a "greener" CAP and European agriculture.

**EU legislation in the field of agriculture, food production and consumer protection:**
The biodynamic approach to enhance soil fertility, raise animals in the most natural way and produce and process food, while enhancing living processes, can lead to conflicts with current EU legislation, for instance in the fields of nutrition and hygiene (see 2.2.1 and 2.2.2). It is necessary that EU legislation takes full and sufficient account of the unique nature of biodynamic cultivation and that it recognises Demeter products as the most outstanding outcome of organic farming. In some cases, current EU legislation is at odds with the principles of biodynamic farming.
Thus ELIANT considers that a legal act of the Union is required in particular on the following matters:

- No artificial vitamin fortification for biodynamic/organic baby food
- Assure the continued legal manufacture and use of biodynamic preparations
- Legal protection of biodynamic agriculture and organic farming against GMO contamination
- Hygiene legislation in the food chain must not lead to the abolition of SME in rural areas; introduce the concept of salutogenesis in hygiene measures
- Voluntary (not mandatory) electronic identification (EID) in animal keeping and production

#### 2.2.1 No artificial vitamin fortification for biodynamic and other organic baby food

The Commission Directive 2006/125/EC on processed cereal-based foods and baby foods for infants and young children forces producers of organic and biodynamic baby food to add artificial vitamin. This is due to an unnecessary high limit value of 25 µg/100 kJ vitamin B1.
Artificial vitamin fortification of products originating from organic farming is unnecessary for the following reasons:

- Infants and young children in Europe do not show vitamin B1 deficiency

- The Codex Alimentarius of the WHO requires only a vitamin B1 minimum content of 12.5 µg /100 kJ
- A fundamental civil right is violated: freedom of choice
- Consumers of organic food expect that bio-products are natural and without additives

***We urge the Commission to revise Directive 2006/125/EC and suggest the following amendments:***

***1. The present vitamin B1 limit value of 25 g/100 kJ of the directive is replaced by the lower, but completely sufficient value of 12.5 g/100 kJ that is required in the Codex Alimentarius.***
***2. The directive is supplemented by a paragraph that bio-products (organic farming products according to EC-regulation 834/2007) are not subject to artificial vitamin fortification.***

### 2.2.2 Assure the legal manufacture and use of biodynamic preparations

Regulation (EC) 1069/2009 establishes the use of animal by-products not intended for human consumption. It also covers the handling of animal organ material for manufacturing biodynamic preparations.[4] This is a first and important step to reach a legitimate regulation for the manufacture of biodynamic preparations. On the part of the Commission, the production for the manufacture of biodynamic preparations is given as an option which has to be approved by the authorities of the Member States. The national Demeter associations are currently in the process of obtaining the approval of the national authorities in the respective Member States for the legal manufacture and use of the biodynamic preparations. However, according to the TSE-Regulation[5] (EC) 999/2001, animal material of risk category 1 (for instance cattle intestine and the mesentery) is still banned for the manufacture of biodynamic preparations.

***If necessary, the Commission should support the application of national Demeter associations which have difficulties in obtaining approval for the legal manufacture of biodynamic preparations to be issued by their national authority.***
***As a medium-term goal the Commission should find a legal solution to allow biodynamic farms to use TSE risk material category 1 from their own cattle, if these animals are proven to be TSE-free (The veterinary authorities of Switzerland and Demeter Suisse have already developed such a concept and are practising it successfully.)***

### 2.2.3 Legal protection of biodynamic agriculture and organic farming against GMO contamination

The deliberate release of GMO into the environment, including through cultivation, is regulated by Directive

2001/18/EC. Use as or in food and feed is regulated by Regulation (EC) 1829/2003. The GMO legislation also includes Regulation (EC) 1830/2003 for traceability and labelling of GMO. Demeter International and all the other organic farming associations are deeply concerned that GMO cultivation in the EU will irreversibly contaminate organic fields and harm the environment. The intended coexistence of GMO and non GMO cultivation is not working in practice.

***1. GMO cultivation in the EU takes place against the will of the majority of European citizens and consumers. The Commission should establish a legislation which strictly applies the polluter pays principle and guarantees zero GMO-contamination in organic and non-GMO fields.***

***2. If food of animal origin such as meat, milk and eggs was produced by feeding the animals with GMO feed, it must be declared as GMO food in EU legislation. Otherwise there is no transparency and freedom of choice for the consumer.***

### 2.2.4 Hygiene legislation in the food chain must not lead to the abolition of SMEs in rural areas

The European food hygiene regulation (EC) 852/2004 that came into effect in 2006 allows for some flexibility in order to take into account different and diverse local processing structures. Furthermore the law is based on a risk-oriented approach, which means, that the primary responsibility for food safety rests with the participants in the food chain. However a conflict exists between, on the one hand, the self-regulation of the food producers and, on the other, governmental control. Demeter International is concerned, that in some countries, the interpretations of the new regulations inadvertently favour government control, leading to undesirable structural changes in the food processing sector in rural areas.[6]

***The Commission should verify that the Member States apply EU legislation sufficiently flexibly to ensure that SMEs in rural areas can continue to exist.***

### 2.2.5 Introduce the concept of Salutogenesis in hygiene measures

Contrary to the model of pathogenesis health is not defined as a momentary state, but as an ongoing process. This ongoing process can be strengthened by precautionary measures.

Concerning hygiene measures on farms and in food today we face the following problems:
Whereas on farms the contamination could be significantly lowered, the food has still the same contamination level as before.

The big, rather than the small farms have the biggest microbiological problems and, worse, the more centralised the production, the bigger the problem. There is for instance no "zero" solution (e g. for Salmonellae) possible, as other bacteria take its place.
On the farms, it is not simply a choice of hygienic measurements or vaccination: vaccination is not without its problems.
Organic farming leads to less contamination than "modern" farming, particularly with regard to bacteria, which are less resistant.
Resistance of bacteria is increasing: there are many more deaths from bacteria than through hygienic risks.
Isolation does not provide a solution: if the farm gates are closed, no active immune stimulation is possible.
In conclusion, hygiene problems cannot be solved with this strategy.
Instead, a paradigm shift towards salutogenetic principles is required.

- ***stop discrimination of smallholders (exclude them from costly HACCP)***
- ***lift zero tolerance threshold for salmonellae in the environment***
- ***train official controllers in small-scale production***
- ***include consumers into the risk strategy***

### 2.2.6 Voluntary (not mandatory) electronic identification (EID) in animal keeping and production

Regulation (EC) 21/2004 makes the individual electronic identification (EID) of sheep mandatory and is already in force. It means that an electronic chip is inserted into the stomach of the sheep. This is against the will and ethical belief of many organic animal keepers. At present the Commission is preparing a legislative proposal for the introduction of EID for bovines (cattle etc.) by modifying Regulation (EC) 1760/2000.

- ***The legal introduction of EID in all animal keeping should be on a voluntary basis only. No farmer should be forced to use EID for his animals against his will.***

# 3. Medicine and Health

## 3.1 Overview: Anthroposophic Medicine, an integrative approach

Anthroposophic Physicians combine both conventional and anthroposophic interventions to provide an individualized and personalized treatment regimen. In particular, Anthroposophic Medicine stimulates the patient´s capacity for self-healing ("salutogenesis") and prevention.
Anthroposophic physicians work in general practice as well as in all medical specialties including internal medicine, intensive care and accident & emergency

medicine, surgery, cardiology, dermatology, neurology, obstetrics and gynaecology, oncology, orthopaedics, paediatrics, psychiatry and rheumatology. Anthroposophic Medicine is practised in many multi-disciplinary settings such as therapeutic centres or clinics where physicians and other health professionals with special training in Anthroposophic Medicine work together. Anthroposophic Medicine is also integrated into primary care settings, in hospitals (including university teaching hospitals) or in anthroposophic medical departments in conventional hospitals and in psychiatric hospitals.

The rationale of Anthroposophic Medicine is based on a scientific system that integrates the anthroposophic view of the human being and nature with mainstream medical science. In this respect, Anthroposophic Medicine is not comparable to traditional medical systems such as homeopathy, TCM, Ayurveda.

Supplementary to, or – if appropriate – instead of conventional pharmacotherapy, therapeutic interventions may combine the use of anthroposophic medicinal products with anthroposophic therapies including art therapy, eurythmy therapy (a special movement therapy), therapeutic speech, anthroposophic physiotherapy and rhythmical massage. These therapists practise within the system of Anthroposophic Medicine – usually in close collaboration with an anthroposophic physician. Please see *www.medsektion-goetheanum.org*.

As an integrative medical system, Anthroposophic Medicine is related to complementary/alternative medicine (CAM). Anthroposophic medicinal products are based on substance preparations of mineral, botanical, or animal origins, as well as on chemically defined substances. They are either processed by homeopathic technologies (see European Pharmacopeia, German Pharmacopeia, Swiss Pharmacopeia) or by specific Anthroposophic technologies (see Swiss Pharmacopeia, Anthroposophic Pharmaceutical Codex APC).

During the 90 years of Anthroposophic Medicine's existence, more than 3000 different Anthroposophic medicinal products have been used in clinical practice by several thousand physicians in Europe and worldwide. For further details please see *www.ivaa.info*.

Patients who use Anthroposophic Medicine can join one of the 15 national patients' organisations for Anthroposophic Medicine. These associations have joined forces on a European level in the European Federation of Patients' Associations for Anthroposophic Medicine (EFPAM). The Federation (www.efpam.eu) is also a member of ELIANT.

Pluralism in medicine should be a gui-

ding principle of EU health policies. EU regulations should take account of the specific concerns of patients and individuals, respecting both their autonomy and their free choice of treatments.

Anthroposophic Medicine should be integrated into EU provisions for promoting public health and for enhancing the free circulation of medicinal products, health professionals and health services within the EU's internal market.

To advance integration of the added value to European public policies that Anthroposophic Medicine can provide, and to reflect this in an adequate EU legal framework for medicinal products, ELIANT considers that the Union should undertake actions in the following areas:

- Development of an adapted procedure specifically facilitating marketing authorizations for all Anthroposophic medicinal products in the context of the Community code relating to medicinal products for human use (Directive 2001/83/EC and Directive 2004/4/EC); this adapted procedure might also be subject of a separate legal framework for products of the traditional medical system 'Anthroposophic Medicine'
- This adopted procedure might also be subject of a separate legal framework for products of the traditional medical system 'Anthroposophic Medicine',[7]
- Full implementation for Anthroposophic medical health professionals of the right of establishment (article 49 of the Treaty on the Functioning of the European Union (TFEU)), and the free circulation of services (article 56 TEFU),
- Appropriate integration of patients' rights, particularly as regards patients who use Anthroposophic Medicine, into measures based on Article 169 TFEU relating to consumers' interests,
- Appropriate integration of Anthroposophic Medicine into measures, based on Article 168, relating to the improvement of public health.
- These considerations are explained in more detail below.

### 3.2 Availability of Anthroposophic Medicinal Products

Anthroposophic medicinal products (AMP) have been on the market in EU member states under registration procedures that predate EU framework legislation for medicinal products for human use.

Anthroposophic medicinal products are conceived, developed and produced in a so-called process-oriented way that reflects the interrelationship between the human being and the levels of minerals, plants and animals in nature. They are produced in accordance with modern standards of Good Manufacturing Practice (GMP). Their quality is

controlled by the criteria and parameters of official pharmacopoeias (e.g. European Pharmacopoeia, German Homoeopathic Pharmacopoeia, French Pharmacopoeia, British Homeopathic Pharmacopoeia, Pharmacopoeia Helvetica and the Anthroposophic Pharmaceutical Codex). The complete spectrum of Anthroposophic medicinal products is registered in Germany and Switzerland, while only a limited range of the spectrum of Anthroposophic medicinal products is currently legally on the market (registered, notified or other) in Austria, Denmark, Finland, Italy, Sweden and the UK.

The EU Community Code relating to medicinal products for human use (Directive 2001/83/EC and Directive 2004/24/EC) does not recognize Anthroposophic medicinal products in the same way as, for example, it recognizes homeopathic medicinal products and traditional herbal medicinal products under specially adapted registration procedures. This has far-reaching consequences for marketing authorization and registration of Anthroposophic medicinal products within the EU.

Only those anthroposophic medicinal products manufactured according to homoeopathic technology are covered by the existing EU legislation. Until now, the implementation of the regulation for medicinal products produced according to the homeopathic technologies is still not satisfactory. All other Anthroposophic medicinal products are considered as ordinary medicines in application procedures for marketing authorisation.

The procedures foreseen in the EU Community Code relating to medicinal products for human use (Directive 2001/83/EC and Directive 2004/24/EC) are not appropriate for medicinal products issued from - used for the individual centred practice within - a specific medical system such as Anthroposophic Medicine, and are therefore not adequately applicable.

The situation for marketing of Anthroposophic medicinal products inside the EU is, as for every pharmaceutical product in the EU, complicated by the fact that the principle of the EU Single Market is still not extended to the markets for all medicinal products such as homoeopathic medicinal products (mutual recognition shown not to be feasible; specific national regulation only as an option for other homoeopathic medicines), or to Anthroposophic medicinal products. Therefore, each pharmaceutical product has to be registered one at a time in each of the 27 Member States in order to be available inside the EU. This is a disproportionate high burden and will prevent free circulation and free choice for the EU patients.

Furthermore, the fact that there is no Single Market for pharmaceutical products

in the EU creates a difficult situation for a highly individualized medical system such as Anthroposophic Medicine, which requires small quantities of a single product, but a large spectrum of different substances and combinations thereof to be available in each Member State. The registration and authorisation procedures are disproportionate to the specific characteristics and the positive overall safety profile of the products; The required manpower and resources for documentation and registration under the current EU legal framework outweighs the actual economic turnover from these medicinal products.

Both problems - the lack of adequate registration procedures for Anthroposophic medicinal products in the Community Code relating to medicinal products for human use (Directive 2001/83/EC and Directive 2004/24/EC) and the obstacles the lack of a Single Market causes for pharmaceutical products in the EU – need to be addressed and resolved by EU pharmaceutical policy.

ELIANT appreciates that the EU Commission has noted these problems to some extent, as expressed in its report COM(2008) 584,[8] and elsewhere (Pharmaceutical Committee 2009, PHARM 572). However, ELIANT considers it necessary for the EU Commission to present a Communication concerning the problems of Anthroposophic Medicine and other "traditional therapies" in the next two years in order to start a political discussion in the EU institutions for an adequate legal regulation of these therapies. Together with the other Anthroposophic medical stakeholders, ELIANT offers its input to explore the suitability of an alternative, adequate and independent legal framework for Anthroposophic Medicine on the bases of a scientifically based "system approach" for the medical system of Anthroposophic Medicine that has a long tradition in Europe.

***1. ELIANT calls for EU policies under the EU Community Code relating to medicinal products for human use (Directive 2001/83/EC and Directive 2004/24/EC) to develop adequate regulation for Anthroposophic medicinal products, taking account of the fact that anthroposophic medicinal products belong to a therapeutic system by:***

- ***recognizing Anthroposophic medicinal products as a distinct entity, with adequate regard to their specific definition (www.escamp.org/anthroposophic-medicinal-products.html)***
- ***stipulating procedures for their adequate authorization and/or registration as part of the medical system of Anthroposophic Medicine, taking into account their high level of safety during long established use, and the features of Anthroposophic medicinal products as***

***low-profit products (small single-product turnover with a large spectrum of different constituents)***

- ***presenting a Communication about the problems of Anthroposophic Medicine and other "traditional therapies" to start a political discussion in the EU institutions for an adequate legal regulation of these therapies***

***2. Together with the other Anthroposophic medical stakeholders concerned ELIANT offers the EU Commission and EU institutions its close cooperation in developing an adequate legal and regulatory framework for Anthroposophic Medicine and Anthroposophic medicinal products. In due course the Anthroposophic medical stakeholders will provide a scientifically based "system approach" model for Anthroposophic Medicine.***

### 3.3 Right of establishment and freedom

to provide services for Anthroposophic doctors and other health professionals practising within the system of Anthroposophic Medicine.
Due to national responsibility for health systems, recognition of Anthroposophic Medicine is subject to great variations in EU Member States. The level of recognition extends from statutory integration of the therapeutic system into national health systems (Germany and Switzerland) to special exemption allowing Anthroposophic Medicine to be practised only in the context of a particular clinic - as in Sweden.[9]

In Denmark, Finland, Sweden and the UK, Anthroposophic medicinal products are mentioned to varying degrees in national pharmaceutical laws, in particular in connection with simplified registration procedures for homeopathic medicinal products.

Variations in degrees of official recognition impact on the right of qualified doctors to practise Anthroposophic Medicine in different EU Member States.

The conditions for practising Anthroposophic Medicine are: a conventional academic medical training with university degree, and national licence to practise as physician. After satisfactory fulfilment of the criteria for training and qualifying in Anthroposophic Medicine, a "specially trained anthroposophic doctor" diploma is issued by national anthroposophic medical associations, or by the Medical Section at the Goetheanum in Dornach, Switzerland.

In Austria, Bulgaria, Germany, Italy, Latvia, Spain and Switzerland these diplomas are recognized by national professional bodies (medical associations, chambers or councils) since governments have delegated the tasks of authorization, registration and supervision of physicians

to national medical associations. In Italy, Anthroposophic Medicine is recognized through statutory regulation by local medical bodies (associations/ chambers/ councils) in Bologna, Terni and Palermo.

In Belgium, Finland, France, Hungary, Netherlands, Poland, Romania, Sweden and the UK, "specially trained anthroposophic doctor" diplomas are not recognized by national medical bodies. The professional medical codex in some of these countries may regard the practice of Anthroposophic Medicine by specially trained anthroposophic doctors as unethical or even illegal (as in Sweden), or there may be legal obstacles to its practice.

These divergences between national health systems as regards access to specially trained anthroposophic doctors and other health professionals practising within the Anthroposophic medical system cause difficulties for such health professionals who, if they wish to work in a Member State of their choice, seek to assert their right of establishment (Article 49 TFEU), or their freedom to provide services (Article 56 TFEU).

In ELIANT's view, the existing secondary law to implement these two basic provisions for free circulation within the internal market, does not sufficiently take account of the distinctive features of anthroposophic health professionals.

To some extent Directive 2005/36/EC (recognition of professional qualifications) tackles this issue, since Anthroposophic doctors and other health professionals fulfil the general requirements mentioned in the Directive for these professions (see its Annexes II and V). However, this directive does not encompass the specific qualifications and diplomas available through Anthroposophic Medicine.

ELIANT therefore suggests that EU institutions make use of their powers under Article 53 TFEU to achieve a more substantial harmonization of national legislation in each country as regards access to health professions, in accordance with the principle of plurality that should guarantee access to anthroposophic medical health professionals.

Article 15 of the Charter on Fundamental Rights (Freedom to choose an occupation and right to engage in work) requires the EU to engage in implementing the objectives of the treaties in relation to those areas which have not yet been adequately covered. New EU activity on this issue is therefore called for.

ELIANT highlights the fact that establishment of the right of an academically trained and licensed physician with special training in Anthroposophic Medicine to practise Anthroposophic Medicine provides added value to healthcare in Europe, with no additional impact on

safety for the patients or health systems concerned.

***ELIANT expects EU policies to engage in a new attempt to establish the freedom of any academically trained and licensed physician with special training in Anthroposophic Medicine, and of any Anthroposophic therapist providing services within the medical system of Anthroposophic Medicine, to provide services in line with best practice requirements.***

***The professional organizations that are members of ELIANT, in particular IVAA and ECCE, will approach the Commission in relation to this matter. They will consider using the provision of Directive 2005/36/EC to make a reasoned request for specific provisions for the recognition of qualifications based on harmonization of minimum training conditions.***

### 3.4 Patients' rights

European diversity in lifestyles and nutritional habits is also reflected in the different approaches of European citizens to promoting their health and combating illnesses. Alongside conventional medicine, European citizens seek and use a wide variety of complementary and alternative medicines and therapy methods, in line with the traditions of their national health systems. Patients insist increasingly on their right to actively participate in choosing a therapy. Moreover, patients´ satisfaction and the quality of their processes of recovery are increasingly regarded as essential factors for healthcare providers, sometimes as important as improvement in clinical health measures. An ever more elderly population with high incidence of chronic disease means that questions relating to quality of life and managing illness will grow even more important.

The European Union's Charter of Fundamental Rights opens a new chapter for patients' rights. Article 35 of this Charter accords to every human being the right of access to medical treatment, and aims to ensure a "high level of human health protection". The European Charter of Patients' Rights, formulated by the Active Citizenship Network, has identified fourteen patients' rights necessary for providing a high level of human health protection and assuring a high quality of provision available in Europe in each National Health Service. These include: the right of access, the right to information, the right to consent, the right to freely choose from different therapies and health providers, the right to privacy and confidentiality, the right to the observance of quality standards, the right to safety, and the right to a second opinion.

Some European institutions have expressly recognized these patients' rights. The European Economic and Social

Committee's Opinion on Patients' Rights (2008/C 10/18) of September 2007, acknowledged that patients' rights are based on and closely related to human rights, and have the aim of making patients independent. In the resolution on non-conventional medicine of May 1997, the European Parliament stated that it is important to ensure that patients have the broadest possible choice of treatment, which includes the choice of non-conventional medicine (CAM). Rulings by the European Court of Justice have proven on a number of occasions that patients have the right to enforce their access to CAM or CAM-related medicinal products.

Most EU Member States have issued statements about the importance of patients' healthcare views and needs. But the reality in the Union looks different where patients' rights to inclusion of CAM are concerned. The right of patients to seek complementary and alternative healthcare is not guaranteed, and even the decisions of the European Court of Justice have not motivated Member States to consider access to CAM to be a patient's right. Anthroposophic Medicine suffers from this situation as well, since about 10 percent of the large number of patients using CAM therapies complementary to, or instead of conventional medicine, use this therapy's services and products.

This is not and cannot remain the way forward in dealing with matters of health and well-being in the Union. Throughout Europe, patients require a responsive health service which offers appropriate treatment and therapy options that meet their needs and explicit demands.

ELIANT considers that the EU should examine the situation of patients taking account of its powers under Article 169 TFEU. The objectives are clear: to promote the interests of consumers and to ensure a high level of consumer protection, the Union shall, inter alia, help protect consumers' health interests.

This is not just a question of safety and protection against potentially dangerous side effects of medicaments, as has mainly been the case so far. It is much more, and in particular, a question of patients having free choice of therapies they trust in.

This consideration is in line with the Consumer Policy Strategy 2007-2013 which the Commission adopted in 2007. This strategy aims in particular to increase consumer confidence in the internal market and to ensure that consumers' concerns are taken into account. ELIANT urges the Commission to include in its Consumer Policy Strategy 2007 -2013 the interests of patients as consumers, in particular as regards promoting plurality and free choice of medical treatment.

### 3.5 Anthroposophic Medicine and public health

All those involved in the field of Anthroposophic Medicine – doctors, therapists, pharmacists and manufacturers of Anthroposophic medical products, together with patients - will have to act together in order to utilize the added value of Anthroposophic Medicine within the EU. To ensure this happens across internal borders between EU Member States, a better and more coherent approach to public health policies by the Union and by each Member State is essential.

In order to coordinate and to complement the measures referred to in part 4.2 to 4.4, actions taken under Article 168 TFEU are necessary. As § 1 of this Article states, "A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities."

ELIANT advocates an ongoing and gradually increasing commitment by all EU institutions to a strong European public health policy that is open to a variety of medical approaches including Anthroposophic Medicine in particular.
In complementing, supporting and coordinating harmonization of health policies at the European level and between Member States, EU public health policy strategy has to include the different, health-promotion oriented medical therapies and approaches which are offered by CAM in general, and Anthroposophic Medicine in particular. The rich diversity of medical culture in Europe is an asset and an added value to the health systems in the Union.

These considerations follow the key objectives of the EC Health Strategy 2008 – 2013 as laid down in the Commission's 2007 White Paper "Together for Health". ELIANT urges the Commission to found its considerations on the principle of plurality, and to take actions aimed at further implementation of this strategy.

ELIANT also strongly advocates that respect for patient autonomy should be at the heart of all measures and efforts to improve EU public health policies, prevent physical or mental illness and safeguard a high level of human health protection in the Union.

ELIANT demands, as a complement to consumer policy, that the individual patient's freedom to choose the form of medicine he believes may offer the best chance of curing his ailments and diseases be included as an objective in the further strategy of European Public Health Policy.
ELIANT demands that acceptance and acknowledgement of the variety of medical approaches, including Anthroposophic Medicine in particular, be incorporated into the guiding principle whereby EU institutions coordinate public health.

In promoting this principle in healthcare systems and offering unbiased information about alternative medical approaches, the EU will provide added value for health in Europe, promoting health equality by facilitating equal access to high-quality healthcare services in all EU Member States.

***ELIANT stresses the importance of a patient-centred public health system. Strengthening patients' rights should be one of the priorities for optimizing European and national health systems.***

# 4. Education and lifelong learning

## 4.1 Overview

The European Council for Steiner Waldorf Education is one of the 10 European associations in ELIANT, representing 700 schools in 23 European countries and many more kindergartens all over Europe, based on an educational ethos that seeks to provide children and youth with an unhurried environment in which they can mature to responsible citizens who are confident and capable of productively engaging with an ever-changing modern world in a creative and ethical manner. ECSWE has worked in the environment of the European educational space for the last fifteen years to raise the profile of childhood as a time when all children have a right to respect, care and nurturing that is in accord with an understanding of their developmental pathways and individual needs. ECSWE has formed alliances with other such groupings and pioneered pan-national cooperative practices.

In the field of life long learning, ELIANT's ECI is concerned with

- improving educational outcomes by reassessing how certain childhood competences such as the development of imagination in free play are prerequisite to the development of competences later on in life (as revealed by the new learning sciences)
- engaging the motivation, thinking skills and creative action of young people through, for instance, the increased use of portfolio work and by developing new qualifications with a greater freedom of curricula for both teacher and learner
- more actively involving independent educational stakeholders in the clusters devoted to educational themes

The specific measures mentioned above are elaborated as follows:

## 4. 2 Childhood

Employers are increasingly seeking workers with the competence to adapt and to react with flexibility to changing situations. Beyond that, the spirit of entrepreneurship and the ability to work in a team are increasingly sought after.

A major threat to the development of such qualities is an attack on the quality of childhood that is occurring in many areas within Europe today. At the pre-school level, the capacity of free play and provision for its sustainability is disappearing. Free play is, however, the main competence of early childhood out of which the ability to adapt flexibly to changing situations and the capacity to work in a team evolves later on in life. Free fantasy play, which historically was naturally enacted by groups of children who played together, is being usurped by devices that entertain children with overabundant worlds of finished forms, leaving little to the active imagination of children.

Children need protection. Children need ample time to progress through school and should not be unduly hurried and should not be expected to deal with stress for which they are not equipped. Children need environments sensitive to their natural joy of learning so they can naturally mature to adults who are confident and capable of productively engaging with an ever-changing modern world.

Regarding school entry, empirical research finds "robust and significant positive effects on educational attainment for pupils who enter school at seven instead of six years of age" (Darmstadt University of Technology 2005[10]) and that "younger children in a school year are at a slightly greater psychiatric risk than older children" (British Medical Journal 2003[11]).

Educational outcomes are unlikely to improve until the key competences of childhood are properly understood and action is taken to ensure that these key competences are given a chance to unfold. Each segment of education (pre-school, primary, secondary, vocational and tertiary) needs to be reassessed with regard to how key competences develop and how certain childhood competences are prerequisite to the development of competences later on in life. An understanding of favourable as well as adverse factors influencing key competences need to be deepened in order to take concerted action, requiring research, also on highlighting the social and emotional contexts of learning, and a sharing of experience between the different educational sectors.

***We call upon the Commission to take action geared toward the protection of childhood in those areas where the Commission has such competence and to recommend to Member States to take appropriate actions on their own accord and to coordinate such actions in the Council of Ministers.***

### 4.3 Youth

In the flagship initiative "Youth on the move", the Europe 2020 Strategy inter alia calls upon Member States to "enhance the openness and relevance of education systems by building national qualification

frameworks and better gearing learning outcomes towards labour market needs". Beyond an obviously necessary periodic reassessment of vocational training programmes against the needs of society, fundamental aspects of a strategy for "better gearing of learning outcomes" have already been pointed to under "Childhood" above. Beyond building national qualification frameworks and relating the experience of schooling more closely to the workplace, the openness and relevance of education systems need to increase by building new and relevant qualifications as such.

Decreasing the proportion of early school leavers to 10% by 2010 failed (and has now been reset for 2020) also because qualification systems continue to rely too heavily on centralised testing built on prescriptive curricula, generating much fear, failure and "teaching to the test". New qualifications should develop an openness of curricula for both teacher and learner, largely replacing prescriptive rote learning by a diversity of teaching and learning pathways.

Portfolio work is a practical methodology for engaging the motivation, thinking skills and creative action of young people. It helps to better document specific achievements and a wider range of learning outcomes, is best suited for the recognition of non-formal and informal learning and helps young people keep their appetite for and to take more ownership of their learning. When properly implemented, working with portfolio as a teaching and assessment technique can significantly contribute to decreasing the number of early school leavers. For portfolio to become a normal feature of national qualifications, however, a change of culture is necessary. Working with portfolio needs to be made more accessible in educational systems, including clear and practical guidelines for teachers.
The European Portfolio Certificate (EPC) folder and its standards and guidelines for teachers were recently developed in a Comenius project by Steiner Waldorf schools. It is open, however, to all who want to professionally work with portfolio as a teaching and assessment technique, independent of any particular pedagogical approach.

***We call upon the Commission to support a wide implementation and spread of the European Portfolio Certificate Folder and the standards upon which it rests (cf. www.epc-group.org ), as well as to support developing it further, creating wide-spread ownership wherever possible (for example for students at the end of primary school as well as for adults engaged in the process of life long learning).***

### 4.4 Stakeholders participation

We call upon the Commission and Member States to more actively involve educational stakeholders, who have an independent status and are not part of

the state operated sector, in EU policy formation and dissemination of good practice. Clusters established in the context of the Education and Training 2010 work programme have recently continued their work in more or less previously established configurations. Member States may nominate members from outside their ministries to participate but, in fact, rarely do. No stakeholders from independent schools have ever been nominated to participate in the work of the clusters thereby excluding a vast body of experience that could provide innovative, creative and sustainable methodologies.
European organisations like the European Council for Steiner Waldorf Education would be pleased and willing to contribute to developing future educational policy in all relevant European cluster working groups. Independent schools that are run as non-profit making entities and as learning communities could take the lead in developing, testing and implementing educational innovation, as they tend to be more flexible and diverse than schools run by national governments. Furthermore, a stronger representation of minority group stakeholders is supported by citizens all over Europe and can serve as a key educational factor in promoting tolerance, equity and social cohesion.

***We call upon the Commission to more actively involve independent educational stakeholders in the clusters devoted to educational themes***

## 5. Disabilities

The situation of people with special needs, such as learning disabilities and complex dependency needs, requires special attention. ELIANT (and in particular one of its members, the "European Co-operation in Anthroposophical Curative Education and Social Therapy" – ECCE) represents many of these people, supported and guided by almost 500 professional organisations, their parents, family members, professional staff members, teachers, trainers and therapists in all European countries. They ask urgently for appropriate measures to guarantee the professional support and guidance they need.

The adoption on 15 November 2010 of the Commission's Communication on a European Disability Strategy 2010 – 2020 (COM (2010) 636 final), taking account of the UN Convention on the rights of People with Disabilities, is a very hopeful signal for these people. ELIANT urges the Commission to enhance in the framework of this strategy in particular the following possibilities for disabled people:

- to move and live freely in the European Union,
- to have a freedom of choice for an personal living environment,
- to eat food without artificial nutrients,
- to choose freely Anthroposophical medicines and therapies, prescribed by university educated and registered medical doctors,

- for an education that is tailored to their needs according to the educational convictions of their parents and
- to contribute to society by handicraft and artistic activities.

Those choices would make a strong contribution to sustainable inclusion in society for people with learning disabilities and complex dependency needs.The Commission should take their position seriously, particularly regarding Articles 21 and 26 of the European Charter of Fundamental Rights and Articles 10 and 19 TFEU.

Anthroposophical curative education and social therapy has proven its value for those people for almost 90 years, all over Europe. Every opportunity should be available to people with learning disabilities and complex dependency needs. They should be supported by action in the eight main areas of the new strategy, so that they may take advantage of appropriate professional guidance whenever needed. This would contribute to their experience of dignified behaviour towards them and be compatible with their own human dignity, individual development and freedom of choice in a pluralist and cultural diverse society.

***Pay special attention to the situation of people with special needs, such as learning disabilities and complex dependency needs within the European disability Strategy 2010 – 2020***

# 6. Research

## 6.1 Overview

The latest Green Paper of the European Commission on research and innovation emphasises that the EU should use its natural resources more wisely.[12] The paper asked "how EU-funding should best take account of the broad nature of innovation, including non-technological innovation, eco-innovation and social innovation?" It also questioned "how and what types of medium and small enterprises (SME) should be supported at the EU level? What kind of measures should be taken to decisively facilitate the participation of SMEs in new research and innovation programmes?"[13] Finally, the Commission comes to the conclusion that "in the long term, world-class excellence can only thrive in a system in which all researchers across the EU are provided with the means to develop into excellence and eventually compete for the top spots".[14]

Up to now anthroposophic research has developed and financed its innovation and the resulting applied technology in the fields of biodynamic agriculture, Anthroposophic Medicine, anthroposophic curative therapy and Steiner / Waldorf education almost exclusively by itself (i.e. without the support of EU funding). As applied anthroposophic research and its results can contribute highly to the above mentioned aims of the EU research and innovation programme, it seems mandatory that the Commission should

integrate applied anthroposophic scientific methods into its research areas.
Applied anthroposophic research in the field of agriculture, medicine and (curative) education is based on holistic and complementary research approaches. Applied Anthroposophy has developed a scientific method to study organisms in context providing knowledge about their properties and inner nature without destruction and isolation from their natural environments. Organisms can be explored beyond the molecular level[15] and the results can be applied both in organic agriculture and complementary medicine.
Demeter International (as a member organisation of ELIANT) has organised a science policy conference in the European Parliament in 2009 with participation of some representatives of the European Commission. Speakers presented research visions for society and agriculture, for the need of a new science of the organisms, methodology in complementary medical research and in the area of food quality as well as participatory research in organic farming. These new scientific approaches should be included in the European research programmes for the benefit of nature and environment, living organisms, public health and society.[16]

***We call upon the Commission to integrate the anthroposophic scientific approach and its modern applied research methods into the 8th and following research framework programmes of the EU. A promising perspective for its realisation would be to establish a technology platform "Complementary and holistic research in life sciences".***

### 6.2 Agriculture, food quality and nutrition The relevance of holistic research approaches and methods in organic food and farming

Holistic research would be the appropriate approach in organic and biodynamic food and farming research, because it corresponds with the theoretical, ethical and practical origin of these farming systems, food production and nutrition.[17]
What would happen, if ecological research was not holistic? In this case the researcher applies analytical methods in a reduced experimental design in order to solve single or isolated problems. This approach is only useful with the aim to achieve process and performance optimization, but not for improve the system as whole.[18]
As organic farming tries to work in practice with holistic methods, which take into account the complexity of the agrarian system, also ecological research must include holistic approaches. For instance, biodynamic plant breeders have already started decades ago to develop crop and vegetable varieties and seeds, which are bred following holistic and complementary research aspects. These varieties match the special needs of organic and especially

biodynamic agriculture and horticulture better than conventional varieties.
Biodynamic plant breeding research does not study plants under lab or greenhouse conditions or in controlled field experiments, since these designs alienate the plant material from its original context (i.e. nature and environment). In contrast, plants are examined in their natural environment by using phenomenological methods. Modern phenomenological research (based on the scientific approach of J. W. von Goethe)[19] is not an outdated old-fashioned methodology, but can contribute significantly to the development of modern crop varieties as well as the development of complementary and anthroposophic medicinal products.
Modern conventional research methods, which transform the natural environment of living organisms into an artificial analytical environment, are reductionist and in many cases not appropriate to stimulate sustainable agricultural system in accordance with the natural ecosystems. It cannot be assumed a priori that the scientific results obtained in an analytical environment (lab) are still connected in reality with the original natural context of the research object.[20] By subjecting a living organism to an analytical environment, it is not only alienated from its origin, but also prone to reconstruction (i.e. GMO plants). As performance depends on standardized conditions, one also has to standardize the nature and environment in which these reconstructed organisms will grow. Chemical plant protection and hermetically closed animal production facilities are result from the projection of research results gained in the analytical environment into agricultural practice. Reductionist research implies industrial agriculture![21]
Organic and biodynamic research is trying to broaden the scientific base and methods in order to develop an agricultural practice, which does not abolish the natural environment by replacing it by only industrial farming. Biodynamic food is produced in accordance with nature and not by alienating, suppressing or violating it.
The Goethean scientific approach (on which the anthroposophic scientific methods are based) and its potential are largely unknown and still underestimated today. Not only biodynamic plant breeders are using this holistic approach successfully in their research.[22] The Goethean methodology is also a valuable tool in risk assessment research concerning GMO plants, as it has allowed the identification of non-target effects with respect to growth dynamics and morphology of GM potato, tomato and spring wheat. [23]
Another complementary scientific approach, which must be acknowledged, is the field of experience-based knowledge. Especially in sociology scientists are interested in this qualitative research method. It has been successfully implemented in the field of agriculture by including farmers in the research process, since

1985.[24] Experience-based science leads to knowledge which is gained by the action of peers. An organic farmer has to develop his practice in this way in order to manage weeds or to prevent animal diseases in the following years. To achieve this goal, holistic or integrative thinking and acting are mandatory.

What is the difference compared with natural scientific processes? Natural science is the epistemology of thinking whereas experience-based science orients itself towards practical experience, or is mainly based on action.

"On-farm-research", "farmer-participatory-research" and "life long learning by doing" are important instruments in the tool-kit of experience-based science. Whereas natural science relates its research results only to standardized conditions, experience-based science must link its results to different natural and ecosystemic prerequisites, because every farm or agricultural system has its own holistic context. In sum, it can be stated that natural science should acknowledge the importance of experience-based scientific methods in agricultural research.

In biodynamic research, the so called "picture-forming methods" are under continuous development. They help to complement and to extend existing scientific criteria of food quality.[25] The approach encompasses the analysis and the understanding of the global effect of food in human nutrition, as well as the process under which food was produced and processed, beyond the study of its physical composition. For the time being, research into food quality and nutritional effects is still too much limited to conventional, analytical parameters. Nutrition and food quality assessment as well as their impact on animal and human health must be studied under a broadened scientific approach.[26] Complementary and holistic research approaches like the "picture-forming methods" can contribute substantially to improve food quality, nutrition and health and should therefore be integrated in future European research programmes.

- ***We call upon the Commission to integrate biodynamic research into the 8th and following research framework programmes of the EU. This could be realised by integrating the existing technology platform "TP Organics" into the framework programmes or into a new platform "Holistic research" (see request 6.1)***

### 6.3 Research in Anthroposophic Medicine

As outlined before, Anthroposophic Medicine combines conventional and complementary medicine in an integrative system. Anthroposophic Medicine research takes the multidimensionality of the human being into consideration, together with developmental potential on its physical, vital, emotional and spiritual level. This integrative approach uses conventional scientific methodolo-

gies as well as methodologies developed specifically for the requirements of Anthroposophic Medicines. Frontier research by Anthroposophic Medicine includes the adequate evaluation of living systems in both health and illness. Prerequisites for this research are: the autonomy of science; epistemological pluralism; application possibilities for individual teams; and transparent and efficient support, even for small research units. This issue is of special importance to the growing, but still small research units of Anthroposophic Medicine.

ELIANT welcomes the objective of current EU health research under FP7 to improve the health of European citizens and boost the competitiveness of health-related industries and businesses, as well as to address global health issues. ELIANT supports the focus of the EU health research policy primarily on enhancing health promotion, encouraging primary prevention concepts and disease prevention, developing and validating new therapies, concentrating on healthy ageing, sustainable health systems and promotion of sustainable life quality. ELIANT regards the intention to provide specific funding for both SME-specific projects and topics which are attractive to SMEs or organizations that are 'newcomers' to FP7 as a step forward, including the attention given to research-career support in the framework of the Marie Curie Actions.

ELIANT welcomes in particular the recent inclusion of aspects of complementary medicine in the EU research policy within the 'CAMbrella' project and the project 'Good Practice in Traditional Chinese Medicine Research' under FP7.
This widening of the scope and the inclusion of integrative and complementary medicine issues in EU-funded research was overdue.

Anthroposophic Medicine research has been a pioneer in several specific medical fields, such as chronic diseases, focusing on the self-healing forces in a human being, on prevention, and on healthy ageing in the broadest sense. Research in Anthroposophic Medicine has contributed to the development of new systems for adequately evaluating medicinal products – in particular complementary medicinal products – as well as to pharmaco-vigilance projects for the improvement in the wider health systems.

Some examples of how Anthroposophic medicinal research has contributed to medical progress are the following:

One of the biggest pharmaco-vigilance networks in Europe monitored about one million systematically-documented prescriptions and evaluated the safety of Anthroposophic medicinal products. In these studies the low rate of adverse drug reactions to Anthroposophic remedies was confirmed.[27, 28, 29]

For basic research in Anthroposophic Medicine, a specific epistemology[30] for systemic therapy evaluation has been developed and successfully tested and applied, as well as a single case evaluation by the new research tool of "Cognition-Based Medicine".[31]

Anthroposophic research proved the value of the best-known Anthroposophic Medicine products, which are Viscum album extracts (VAE, mistletoe). VAE are the most used remedies in oncology in German-speaking countries. Around 50–70% of all oncology patients in these countries use mistletoe. Viscum album is the most thoroughly researched plant-extract worldwide: more than 3500 related scientific publications are available (overall view in 32). Systematic reviews confirm the effectiveness of Viscum album extracts on quality of life[33, 34] and on other relevant outcome parameters.[35]

A "Good Clinical Praxis" (GCP) outcome study under routine daily conditions confirmed the results of a Swiss Health Technology Assessment and demonstrated the effectiveness and positive cost-benefit ratio of the different Anthroposophic medical therapy modalities.[36] Systematic reviews of eurythmy therapy[37] and art therapy confirmed their effectiveness.

The first chair of integrative medicine at a university in Germany was in the field of Epistemology and Anthroposophic Medicine at the University of Witten / Herdecke. In the last years additional scientific Anthroposophic Medicine institutes were created (*www.medsektion-goetheanum.org/forschung/forschungsinstitute*). Scientific education and skill training for students in Anthroposophic Medicine has been established in several countries, as well as at the University of Witten-Herdecke, as an integrated part of medical studies.

The evaluation of Anthroposophic Medicine in 2006 in Switzerland by a Health Technology Assessment[38, 39], (HTA) provided a good overview of the dimension of Anthrosophic medicinal engagement. This HTA was based on a systematic review of 189 clinical studies and concluded that the system of Anthroposophic Medicine is effective, economical and safe. Out of these 189 clinical studies, 180 studies demonstrated a positive result (better or equal) for the Anthroposophic Medicines compared to conventional medicine in term of effectiveness, cost-benefit and safety.

Building on this expertise and experience, ELIANT expects that in the next EU Research Programme (FP 8) the medical as well as the socio-economic determinants of health will continue to have a role in EU research policy – in spite of the different overall priorities as outlined in the strategy of EU 2020.

ELIANT regards continuing research into

the contribution and added value of integrative and complementary medicine for public health in Europe as indispensable. ELIANT expects that the CAMbrella project will provide convincing evidence of the urgent need to include such research in the EU Research Programme. Such projects must be included in the current FP7 and in the outline of the FP8.

ELIANT considers the realization of the objectives laid down in the Green Paper on future EU research policy[40] as an opportunity and a leap forward for research on integrative medical systems and hopes that these considerations will come into full use.

ELIANT insists on the necessity of revising several aspects of the research management systems of the Framework Programmes. This applies on the one hand to the need to design projects with the objective of enabling even smaller and more innovative research units to participate in respective tenders. It includes, on the other hand, the build-up of adequate project-evaluation procedures that will provide the necessary expertise and innovative capacities to assess applications even from the integrative and complementary medicinal sector. The lack of this capacity has been a major set-back for projects of the integrative and complementary sector so far.

In regard to the contribution of research in Anthroposophic Medicine to improve the health of citizens – as part of integrative and complementary medicine. ELIANT urges the EU Commission to include in the Framework tenders projects and financial support for research into the life-science approaches of Anthroposophic Medicine, for research into the further development of adequate modern and scientific methods to evaluate the effectiveness and safety of their medicinal products, for research into the new paradigm of patient-doctor relationships, and for research into the EU's chaotic regulatory systems for integrative and complementary medicines. These regulatory systems run contrary to the common market principle of the Union and create an unacceptable barrier for patients and citizens to have access to this medicine. [41]

- ***ELIANT demands: ELIANT asks for additions to the research management systems of the Framework Programmes including provision for smaller and more innovative research units and adequate project-evaluation procedures to evaluate tender submission from the integrative and complementary medicinal sector.***

- ***To make use of the expertise and experience of Anthroposophic Medicine, ELIANT urges the EU Commission to suggest research projects for research into the life-***

***science approaches of Anthroposophic Medicine, for research into the further development of adequate modern and scientific methods to evaluate the effectiveness and safety of their medicinal products, for research into the new paradigm of patient-doctor relationships, and for research into the EU's chaotic regulatory systems for integrative and complementary medicines.***

## 6.4 Disabilities: Research in Anthroposophical curative education and social therapy

### The position of anthroposophical curative education and social therapy in the European Union

The almost 500 institutions of Anthroposophy-based curative education and social therapy are in most countries of the European Union part of the official social structure and are as a rule supported by the organs of state. The methods of Anthroposophy-based curative education and social therapy can be learned at about 40 training locations, generally professional schools of the service sector, most of which are accredited by the state, lead to a national professional license and are supported in the context of national programs.

#### Academic presence

Anthroposophical curative education and social therapy is represented at the following academic institutions with chairs and/or academic training programs (bachelor's/master's):

- University of Aberdeen, Scotland: BA Hons.-Program in cooperation with the Camphill institutions Aberdeen (Norma Hart)
- University of Plymouth, England: BA Social Care in cooperation with the Ita Wegman
- College, Wuppertal, Germany
- University of Leiden, Netherlands: BA in Curative Education (Prof. Dr. Eric Baars)
- Free University (VU), Amsterdam: Bernard-Lievegoed Chair "Ethical aspects of care and support from an anthroposophical perspective" (Prof. Dr. Hans Reinders)
- Alanus Universität für Kunst und Gesellschaft, Bonn, Germany: BA Social Care, MA management, education and research in the areas of curative education and social therapy; admission to Ph.D. or Ed.D. degree (Campus Alfter) (Prof. Dr. Maximilian Buchka, Prof. Dr. Rüdiger Grimm, Prof. Dr. Bernhard Schmalenbach).

#### Research and collaboration

Staff members in the areas of anthroposophical curative education and social therapy, who are actively involved in the field of research, work together on a regular basis in the international "Academic Section of the Council for Curative Education and Social Therapy". The individual universities and scientists are networked in their respective research communities and

associations and hold regular meetings. The "International Training Section of the Council for Curative Education and Social Therapy" is the organ of cooperation in the field of vocational training, study and learning. It provides a common platform of practical and academic training programs.

### Research areas

The area of foundational research includes epistemological questions in curative education and social therapy, ethical problems and issues, as well as the development of psychological, educational and medical procedures and treatment options.

### Current examples:

- "Compendium of anthroposophical curative education" (Grimm, Kaschubowski);
- "A theory of child's review in curative education" (Jan Goeschel);
- "History of anthroposophical curative education" (Frielingsdorf, Grimm, Kaldenberg).

In the area of practical research, the application and development of methods and approaches for the various areas (early childhood, kindergarten, school, work, living areas, etc.) stand at the centre. The core aim also consists in developing appropriate ways of social participation in the community for persons with disabilities.

### Current research projects:

- "Formation of relationship in curative education and social therapy – the professional ethics of care" (Pim Blomaard);
- "Paths to quality" (Andreas Fischer);
- "Image-forming diagnostics of the constitution of children" (Niemeijer);
- "Anthroposophical communities as places to live" (Christoph Stamm).

In the educational research, the central concern is the development of a progressive improvement in the integration of practical application and theoretical research. An important aspect is the understanding of social and therapeutic action as standing close to the artistic process, and thus arriving at innovative forms of training. For this purpose the "International Training Section" established two educational research projects in the context of the Leonardo da Vinci Programme of the European Union toward the development of an "International Handbook on Education in Curative Education and Social Therapy" as well as an international research project on "Training of Trainers".

Anthroposophical curative education and social therapy could, because of its close-knitted European network and decades-long cooperation among the national associations and institutions within the European Union, achieve valuable developmental work toward promoting the quality of inclusion of people with disabilities at all levels – school, therapy, work, and living. They could also do this on the basis of their

manifold social experiences and processes in the formation of communities with and without disabilities. As a methodologically oriented movement it can, above and beyond this, also provide important initiatives toward ethically necessary but oft-neglected questions concerning the image of man. It sees itself in this respect as a joint actor with other methodological cognitive academic approaches. It would be important that holistic approaches (among them anthroposophical curative education and social therapy) be required of the European Union in order to counterbalance one-sided expressions of working with people with disabilities.

***Include current and future research projects and methods of anthroposophic curative education and social therapy into European R&D framework programmes.***

## 7. Conclusion of Part I

ELIANT recognises that the collection of signatures it has successfully organised and its invitation to examine a great number of matters where ELIANT considers that a legal act of the Union is required puts a substantial burden on the Commission and its services. This is, however, understandable since, for many years, ELIANT's members have often tried in vain to convince the European institutions of the need to produce legal rules which appropriately respect the particularities of initiatives of applied Anthroposophy. Now it is proven that these requests have a large support in society and this should duly be taken into account.

The examination by the Commission of the various matters covered by this Memorandum will take some time and might need some more information to be given to its services. ELIANT and its core members are at the disposal of the Commission any time both for meetings and written comments.

ELIANT and its members also expect that when in future the Commission prepares new legislation in areas where initiatives of applied Anthroposophy or any similar initiative are active it will carefully study their specific concerns of a sensitive mode of life.

ELIANT and its members would like to be heard by the Commission before a decision is taken on the submitted requests and remains at the disposal to the Commission for any further information needed.

# Footnotes

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## Footnotes

*1 Regulation (EU) No 211/2011 of the European Parliament and of the Council of 16 February 2011 on the citizens' initiative, OJ L 65 / 1 of 13.3.2011*

*[2] ARC Agricultural and Rural Convention "A Communication from Civil society to the European Union Institutions on the future Agricultural and Rural Policy". Brussels, November 2010. www.arc2020.eu*

*[3] Codex alimentarius legislation: CODEX STAN 074 – 1981, Rev. 1 – 2006*

*[4] In this Regulation the making of biodynamic preparations is mentioned in Article 16 (derogations) as followed: By way of derogation from Articles 12, 13 and 14, animal by-products may be:*
*(f) in the case of Category 2 and Category 3 materials and if authorized by the competent authority, used for the preparation and application to land of bio-dynamic preparations as referred to in Article 12(1)(c) of Regulation (EC) No 834/2007*

*[5] laying down rules for the prevention, control and eradication of certain transmissible spongiform encephalopathies*

*[6] The need for investments and documentation discriminates smallholders. For instance in Poland and Romania about 50% of all slaughterhouses and dairies closed their doors.*
*[7] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0584:FIN:en:PDF*

*[8] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0584:FIN:en:PDF*

*[9] Only in Germany is Anthroposophic Medicine recognized as a distinct therapeutic system under statutory regulations (Besondere Therapierichtung in the Code of Social Law, Sozialgesetzbuch 5). In Sweden the anthroposophic Vidar Clinic has special authorization: only within the framework of this clinic are doctors allowed to practise Anthroposophic Medicine. Generally, the Swedish health system considers the practice of any CAM method such as Anthroposophic Medicine to be illegal, even if provided by a licensed physician.*

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## *Result* of the ELIANT campaign

***1.001.671 signatures from 27 Member States, plus an additional 118.630 from Non EU Member States in a campaign lasting from February 2007 til December 2010.***

# Part II: Report on the ELIANT campaign "Action ELIANT" to collect statements of support

## 1. Objectives of ELIANT's ECI campaign

Since its establishment in 2006, ELIANT has believed strongly in the coming into force of the new instrument. The wording in article 11§ 4 of the Treaty on the EU has its origin in the draft Treaty on a European Constitution. Noting that the requests to recognize their specific needs had failed on numerous occasions during the European law-making process, the members of ELIANT joined forces and engaged themselves in the collection of one million signatures. They did so in order to gain the necessary quantitative backing for their demands and to demonstrate that applied Anthroposophy is a relevant part of society in Europe and worldwide.

ELIANT is aware that its campaign is a pioneer exercise undertaken at a time when neither the Lisbon Treaty nor the regulation on the citizens' initiative were yet in force. However, ELIANT shaped its campaign as closely as possible to the requirements of the article 11§ 4 TEU This Part II of ELIANT's Memorandum will show that this objective has been

achieved to such an extent that many of the specific requirements of the regulation are satisfied. In section 2.2 below reference will be made to the articles of the Regulation (EU) of the European Parliament and of the Council of 16 February 2011 on the citizens' initiative (OJ of EU L 65/1 of11.3.2011). As our statistics in the annex show, a number of the supporters of ELIANT come from non-EU European countries and from elsewhere (Annex 1). We know that these signatures do not legally count inside the EU but we felt it was important for the EU institutions to understand that the general humane character of the anthroposophic movement is valued beyond EU Member States themselves.

## 2. Realisation of the campaign

### 2.1. The method of collecting signatures and the final results of the signature campaign

After a pilot phase starting in November 2006, the ELIANT campaign began on 1 February 2007 and terminated at the end of December 2010 after getting one million EU signatures.
The instruments for collecting signatures were established at the very beginning of the activities. Read further brief details in Annex 2

Signatures were collected:
a) On ELIANT signature sheets

b) On ELIANT advertisement pages in magazines, on ELIANT postcards and on ELIANT brochures
We asked for registration of First Name and Surname, address, signature and optional Email address. See attached the English signature list with charter on reverse (Annex 3).

c) By Online Voting with confirmation by email
Since March 2007 we have been using an online voting system in 11 languages at our website *www.eliant.eu*. We ask for First name, Surname, City, Country and email. We use email confirmation and reply plus verification and registration of email address to avoid more than one vote per person.

Thus we achieved the following results:

**The final results of the signature campaign**

**December 13, 2010**

| | EU/total | Non-EU/total |
|---|---|---|
| | 1.001.671 | 118.630 |
| **Signature sheets (a+b)** | 665.316 | 87.561 |
| **Online voting 100% confirmed (c)** | 336.355 | 31.069 |

## 2.2 Conformity of the ELIANT campaign with the requirements of article 11§4 of the Treaty on the EU

### 2.2.1 Citizens' Committee (Regulation article 3)

The ELIANT Alliance is composed of 10 core member organisations, most of them operating Europe wide. The chairpersons of these ten organisations form the assembly of ELIANT, which is its governing body. The following nationalities are represented among the chairpersons: FR, NL, DE, GB and CH. The headquarters of the ELIANT member organisations are in these countries, with one additional headquarters in FI. The requirement of seven nationals from seven countries is thus not completely fulfilled but ELIANT's composition comes close to it.

### 2.2.2 Minimum number of Member States from which citizens must come (Reg. art. 7 §1)

To make sure that signatures came from a "significant number of Member States" we counted the signatures and did the distribution by countries. For the paper responses, we did this during the process of counting (see also: Requirements for the verification and authentication of signatures (2.2.6)). For online voting, it was done through the country chosen by the person who signed. The numbers were counted and show that we gathered signatures from all 27 EU countries.

### 2.2.3 Minimum number of signatures per Member State (Reg. art. 7 §2 and annex I)

The level of mobilization of 0.21 % of the EU population of about 493 million by ELIANT's campaign differs from country to country between 1.3% (Poland) and 455% (Netherlands): see statistical Annex 1. A comparison of ELIANT's figures with the requirements of Article 7 and Annex I of the regulation concerning the minimum number of signatures per Member state shows that ELIANT easily meets these requirements in 10 Member States: that is many more than the required one quarter see table in Annex 1a

### 2.2.4 Minimum age (Reg. art. 3 §4)

We suggested in our response to the Commission's Green Paper on ECI to link the minimum age for supporting an ECI to the voting age of Member states for the EP elections. This corresponds to Article 3 § 4 of the regulation. We did not require citizens to indicate their age while signing our ECI sheet. But we assume that in general all citizens who have signed are older than 18 years since the nature of our campaign addresses itself to adults. We deleted signatures when it was obvious a child's writing.

### 2.2.5 Form and wording of a citizen's initiative (Reg. art. 2 no 1, art. 4 and annex II)

The signatures support the ELIANT charter as adopted by the 10 core members in 2006. The charter's section "Aims of the Alliance" states the subject matters and objectives of the proposals which the Com-

mission is invited to submit. The Alliance requests that legal safeguards are secured for initiatives for applied Anthroposophy in the fields of agriculture, education, special needs education and medicine in the context of European law making. Thus ELIANT states the subject matter and the objectives of the proposal(s) the Commission is invited to take.
This corresponds to Article 4 and Annex II of the regulation. The common denominator of ELIANT's invitation to bring forward a variety of legislative proposals is that the Commission is invited to acknowledge in its proposals the high value of the humane approach underlying the various fields of applied Anthroposophy.

It is true that this umbrella initiative contains a number of matters where the citizens supporting it consider that a legal act of the Union is required. This is in our view perfectly compatible with article 11§ 4. The text does not require an approach which limits each ECI to only one single legislative proposal by the Commission.

Part I of this memorandum shows in detail that all matters considered by ELIANT to require a legal act of the Union satisfy the admissibility conditions of Article 4 §2 b, c and d of the regulation.

### 2.2.6 Collection and verification of signatures (Reg. art. 5, 6 and 8)

The regulation admits the collection of statements of support in paper form and electronically. ELIANT used the two possibilities but could not respect all the requirements for the format of those statements.

ELIANT had to invent procedures for the verification of the signatures. ELIANT feels that she has found a common, simple but efficient way forward which could serve as an example for further considerations on this question. ELIANT submitted her experiences during the discussions on the Commission's proposal for the regulation but to her regret without much success. The experiences might still find some interest now during the time of the implementation of the regulation.

#### a) collection and storage

As a first step, we counted the signatures and did the distribution by countries within our campaign office under supervision of the project manager. The distribution was done during the process of counting. The results are saved monthly together with the online votes in an excel sheet.

Following this, the signature sheets are stored by country and sent to the professional company (PRODATA / DE) for verification and authentication of all paper signatures. The scanned and analyzed signature sheets are saved at the company carrying out this work in Germany. It is not possible to access this data online but it is possible to put it on a data storage medium to view the saved

data in Brussels if required.

All online votes are saved at a server by the Netherlands database company "efficiency online". It is possible to access the results online with a special code. Confidentiality: data privacy was recognized at all steps of collecting and handling. Personal data will be used solely for ELIANT purposes and will under no circumstances be passed on to third parties.

b) Verification:
ELIANT commissioned on its own account two private firms with experience in data processing to check the reliability of the counting and the validity and completeness of the signatures. ELIANT has asked the two companies to report on the reliability of the signatures and on their findings.
In some parts, 80% of the EU paper signatures and some of the Non-EU signature sheets were scanned and analyzed by the above-mentioned specialised company in Germany. In this process we eliminated the paper duplicates in our database. We attach the report from PRODATA (DE) concerning this process and the results (Annex 4).

All online votes are collected on a server hosted by the professional database company in the Netherlands mentioned above. The list by "efficiency online" (NL) of all confirmed signatures is attached (Annex 5). It is possible to display a record of all the online information given. All confirmed online votes are verified as a single name, email combination.

About 87% of all signatures collected in the EU are verified. The main finding is that about 8% of the signatures collected were duplicates and were therefore not counted. The Duplicates on paper are much lower (3.6%) than the Duplicates by online voting (13%). Our actual figures are without duplicates as far as verified signatures are concerned (80% of paper signatures and all online signatures). It should be noted that ELIANT collected about 72.000 EU signatures more than indicated above.

The number of EU online-signatures without confirmation in the database is 72.138 (as at 13.12.2010). From our experience we consider several main reasons why people did not confirm their vote:

- People forget that they have to confirm separately to complete the voting process
- The email address has a spelling mistake and the Response Email did not arrive
- The response email is treated as spam
- A technical problem means that the email is not delivered to the person
- The Confirmation Link does not work because of protection on the computer (in many cases)
- The Person does not understand how to confirm and that he/she has to push the button in the e-mail
- A person has used an Email address

from another person (in many cases: married couple).

Even if we assume an error rate of 50% for all these reasons there are still about 36.000 ELIANT online petition votes more than we now counted. The surplus compensates well beyond the assumed non-valid Duplicates on paper (3.6%) from non-scanned signature lists (20%). We believe that we present to the Commission a very high level of verification for this kind of initiative and that we have experienced a method of verification which might serve as an example for future ECI campaigns, possibly under a later somewhat simplified regulation having the advantage that organisers need not communicate with 27 different national authorities.

### 2.2.7 Time limit for the collection of signatures (Reg. Art.5 §5)

We started the signature collection with a pilot phase in November 2006 and decided in February 2007 to launch the ECI campaign. Within the time frame of three years we collected 925.012 signatures inside EU. We finally reached the goal of 1 Million inside EU by the end of November 2010. Our example shows that the collection period of 12 month as stated in the implementing regulation is very short.

### 2.2.8 Transparency and funding (Reg. art. 4 §1)

The costs of the campaign are being met by the financial support provided by foundation and individual donors as well as from the group of the alliance supporters. Contacts were continuously sought to potential partners from the social environment. One core member (Foundation for Anthroposophic Medicine) took over the responsibility for all financial tasks for this campaign. The campaign ELIANT was published as a project within the foundation. All costs and donations for this project were accounted separately and checked by a certified public accountant. An overview on all income and expenditure is attached as Annex 6. From this it can be deduced that ELIANT spent 0.77 Euro per signature.

## 3. Conclusion and experiences

As mentioned above this ELIANT ECI campaign is one of the pioneers for a European collection of signatures. Until now only very few and well established organizations have attempted this new venture. The partners of this campaign were, at the beginning, unknown to most citizens. In this regard, the "Action ELIANT" was a real grass roots campaign. The result indicates that in a motivated and professional network, it is possible even for a small organization to convince many people to support a common goal. The challenge of conducting a signature campaign all across the whole EU lies in sustaining this level of conviction and motivation with the umbrella organisations and their members involved over a certain period of time. But in fact it is

a very complex process to spread out the campaign over all EU countries. For a newcomer it takes time to build up a network and mobilise people to get involved actively. It took also time to raise awareness of other organisations with similar aims and to cooperate with them with the view of getting their assistance in presenting our campaign with their own means of communication. But, in the end, there are many citizens who really hope that their voice counts and will be heard. If the new ECI Instrument gives real power to the citizens, the European motto "United in diversity" is being kept alive and is ignited in our hearts.

It might be reminded that ELIANT, on the basis of her experiences gained, participated actively in the debate on the shaping of the regulation on the citizens' initiative from start to end. ELIANT submitted contributions since the publication of the Commissions Green Paper till the debate in Parliament and Council. Some suggestions were taken up, others not.

# 4. Annexes

**Annex 1**
ELIANT statistics 13 December 2010: EU countries and overview of all collected signatures

**Annex 1a**
Comparison between collected signatures and requirements of Regulation Article7

**Annex 2**
Instruments of collecting signatures

**Annex 3**
ELIANT signature list with Charter

**Annex 4**
Report PRODATA

**Annex 5**
Report "efficiency online"

**Annex 6**
Overview Income/expenses 2006–2 011

# Imprint

## Imprint:

**Editor**
Allianz ELIANT
194, Rue du Trône,
1050 Brussels
Belgium
info@eliant.eu
www.eliant.eu

**Compilation**
Dr. Andreas Biesantz
Christopher Clouder
Dr. Jürgen Erdmenger
Dr. Michaela Glöckler
Thomas Göing
Prof. Dr. Rüdiger Grimm
Bernard Heldt
Günther Schulz
René de Winter
Dr. Peter Zimmermann

**Editorial offfice**
Dr. Andreas Biesantz
Astrid Schmitt-Stegmann

**Photography**
Charlotte Fischer
p. 25, 41
Heike Sommer
p. 7, 9, 11, 25,
WALA Arzneimittel GmbH
p, 15

**Graphic Designer**
Heike Sommer

European Alliance for Initiatives of Applied Anthroposophy/ ELIANT

**ELIANT statistic EU countries**

This chart shows:

1. that we reach 1 million signatures if 0,21 % of the EU´s citizens have signed

2. the number of signatures per country required to achieve this

3. the current status of EU-signatures gathered for ELIANT

4. the level of mobilization achieved to date, expressed as a percentage of that required per MS

| | 1. Citizens per country in m. | 2. required signatures per country in % | 3. latest number of signatures: 13.12.2010 | 4. actual mobilization in % |
|---|---|---|---|---|
| EU-countries | population | 0,21% | Actual | % |
| Austria | 8,3 | 17.430 | **33.974** | **195%** |
| Belgium | 10,5 | 22.050 | **45.879** | **208%** |
| Bulgaria | 7,7 | 16.170 | 949 | **6%** |
| Cypress | 0,8 | 1.680 | 69 | **4%** |
| Czech Republic | 10,3 | 21.630 | 6.308 | **29%** |
| Denmark | 5,4 | 11.340 | **18.359** | **162%** |
| Estonia | 1,3 | 2.730 | 3.509 | **128%** |
| Finland | 5,3 | 11.130 | **11.816** | **106%** |
| France | 62,9 | 132.090 | **122.765** | **93%** |
| Germany | 82,5 | 173.250 | **419.414** | **242%** |
| Greece | 11,1 | 23.310 | 1.036 | **4%** |
| Hungary | 10,1 | 21.210 | 6.981 | **33%** |
| Ireland | 4,3 | 9.030 | 1.738 | **19%** |
| Italy | 58,8 | 123.480 | **59.970** | **48%** |
| Latvia | 2,3 | 4.830 | 1.779 | **37%** |
| Lithuania | 3,4 | 7.140 | 824 | **11%** |
| Luxembourg | 0,5 | 1.050 | 1.662 | **158%** |
| Malta | 0,4 | 840 | 21 | **3%** |
| Netherlands | 16,3 | 34.230 | **163.269** | **477%** |
| Poland | 38,1 | 80.010 | 1.295 | **2%** |
| Portugal | 10,6 | 22.260 | 2.460 | **11%** |
| Romania | 21,6 | 45.360 | 5.151 | **11%** |
| Slovakia | 5,4 | 11.340 | 1.861 | **16%** |
| Slovenia | 2 | 4.200 | **6.086** | **145%** |
| Spain | 43,8 | 91.980 | 17.386 | **19%** |
| Sweden | 9,1 | 19.110 | **37.116** | **194%** |
| United Kingdom | 60,5 | 127.050 | 29.994 | **24%** |
| 27 EU countries | 493,3 | 1.035.930 | 1.001.671 | **97%** |

ELIANT campaign I Postfach 1180 I D-79501 Lörrach I Germany I Fax. +49 7621 168 1863I email: info@eliant.euI www.eliant.eu

## Latest ELIANT signature numbers: EU countries 1,001,671
### Overall total: 1,120,301 from 164 countries, as at: 13.12.2010

*** EU total: 1,001,671**

| | |
|---|---|
| Germany | 419.414 |
| Holland | 163.269 |
| France | 122.765 |
| Italy | 59.970 |
| Belgium | 45.879 |
| Sweden | 37.116 |
| Austria | 33.974 |
| United Kingdom | 29.994 |
| Denmark | 18.359 |
| Spain | 17.386 |
| Finland | 11.816 |
| Hungary | 6.981 |
| Czech Republic | 6.308 |
| Slovenia | 6.086 |
| Romania | 5.151 |
| Estonia | 3.509 |
| Portugal | 2.460 |
| Slovakia | 1.861 |
| Latvia | 1.779 |
| Ireland | 1.738 |
| Luxemburg | 1.662 |
| Poland | 1.295 |
| Greece | 1.036 |
| Bulgaria | 949 |
| Lithuania | 824 |
| Cyprus | 69 |
| Malta | 21 |

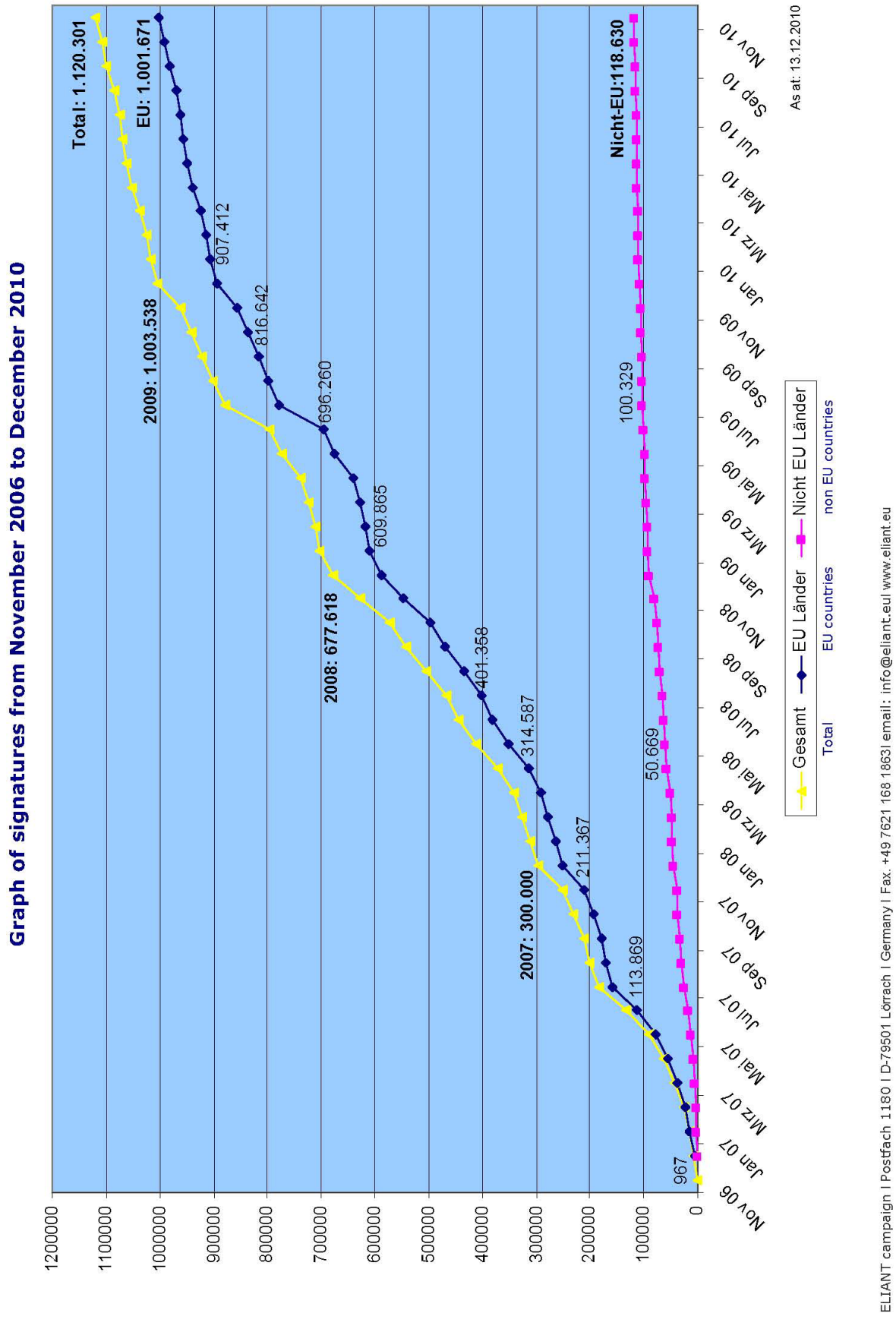
*** world (non-EU) total: 118,630**

| | |
|---|---|
| Switzerland | 52.850 |
| USA | 10.741 |
| Brazil | 8.384 |
| Georgia | 5.570 |
| Australia | 5.336 |
| Norway | 4.907 |
| Canada | 4.255 |
| New Zealand | 3.985 |
| Argentina | 3.963 |
| Russia | 3.350 |
| Chile | 2.631 |
| Croatia | 1.963 |
| Japan | 1.578 |
| South Africa | 1.256 |
| Columbia | 812 |
| Iceland | 711 |
| Korea | 699 |
| Ukraine | 638 |
| Philippines | 612 |
| Israel | 507 |
| Mexico | 359 |
| China | 329 |
| Ecuador | 323 |
| Thailand | 281 |
| Peru | 216 |
| Serbia & Montenegro | 204 |
| Uruguay | 198 |
| Taiwan | 158 |
| Egypt | 156 |
| India | 154 |
| Kenya | 140 |
| Moldavia | 134 |
| Nepal | 124 |
| Liechtenstein | 108 |
| Turkey | 67 |
| Marocco | 55 |
| Saudi Arabia | 42 |
| Costa Rica | 37 |
| Andorra | 37 |
| Namibia | 34 |
| Indonesia | 33 |
| United Arab Emirates | 32 |
| Singapore | 32 |
| Surinam | 31 |
| Bosnia-Herzegovina | 27 |
| Senegal | 26 |

| | |
|---|---|
| Iran | 25 |
| Malaysia | 22 |
| Ivory Coast | 22 |
| Venezuela | 19 |
| Tunisia | 19 |
| Hong Kong | 19 |
| Mauritius | 17 |
| Tanzania | 15 |
| Swaziland | 15 |
| Lebanon | 14 |
| Macedonia | 13 |
| Afghanistan | 13 |
| Togo | 12 |
| Madagascar | 12 |
| Bahamas | 12 |
| Syria | 11 |
| Gabon | 11 |
| Qatar | 10 |
| Paraguay | 10 |
| Cameroon | 10 |
| Sri Lanka | 9 |
| Nicaragua | 9 |
| Congo | 9 |
| Dom. Republic | 9 |
| Uganda | 8 |
| Pakistan | 8 |
| Guatemala | 8 |
| Bolivia | 8 |
| Vietnam | 7 |
| Oman | 7 |
| Ghana | 7 |
| Bahrain | 7 |
| Cuba | 6 |
| Burkina Faso | 6 |
| Armenia | 6 |
| Algeria | 6 |
| Usbekistan | 5 |
| Mali | 5 |
| Cambodia | 5 |
| Benin | 5 |
| Zimbabwe | 4 |
| Belorusse | 4 |
| Tajikistan | 4 |
| Nigeria | 4 |
| Mongolia | 4 |
| Laos | 4 |

| | |
|---|---|
| Yemen | 4 |
| Haiti | 4 |
| Albania | 4 |
| Sultanate of Brunei | 3 |
| Zambia | 3 |
| Kuwait | 3 |
| Jordan | 3 |
| Fiji | 3 |
| Burundi | 3 |
| Azerbaijan | 3 |
| Angola | 3 |
| Sierra Leone | 2 |
| Dschibuti Republic | 2 |
| Panama | 2 |
| Niger | 2 |
| Mozambique | 2 |
| Libya | 2 |
| Liberia | 2 |
| Honduras | 2 |
| El Salvador | 2 |
| Botswana | 2 |
| Central Africa | 1 |
| Vanuatu | 1 |
| Chad | 1 |
| Trinidad And Tobago | 1 |
| Timor-Leste | 1 |
| Tibet | 1 |
| Sudan | 1 |
| Somalia | 1 |
| Seychelles | 1 |
| San Marino | 1 |
| Papua New Guinea | 1 |
| Palau | 1 |
| Palestine | 1 |
| Mauretania | 1 |
| Maldives | 1 |
| Comoros | 1 |
| Kazachstan | 1 |
| Iraq | 1 |
| Guinea | 1 |
| Gambia | 1 |
| Eritrea | 1 |
| Burma | 1 |
| Bhutan | 1 |
| Ethiopia | 1 |

ELIANT campaign | Postfach 1180 | D-79501 Lörrach | Germany | Fax. +49 7621 168 1863| email: info@eliant.eu| www.eliant.eu


Graph of signatures from November 2006 to December 2010
Total: 1.120.301
EU: 1.001.671
2009: 1.003.538
2008: 677.618
2007: 300.000
Nicht-EU:118.630
967
113.869
211.367
314.587
401.358
609.865
696.260
816.642
907.412
50.669
100.329
1200000
1100000
1000000
900000
800000
700000
600000
500000
400000
300000
200000
100000
0
Nov 06
Jan 07
Mrz 07
Mai 07
Jul 07
Sep 07
Nov 07
Jan 08
Mrz 08
Mai 08
Jul 08
Sep 08
Nov 08
Jan 09
Mrz 09
Mai 09
Jul 09
Sep 09
Nov 09
Jan 10
Mrz 10
Mai 10
Jul 10
Sep 10
Nov 10
Gesamt
EU Länder
Nicht EU Länder
Total
EU countries
non EU countries
As at: 13.12.2010
ELIANT campaign I Postfach 1180 I D-79501 Lörrach I Germany I Fax. +49 7621 168 1863I email: info@eliant.eu I www.eliant.eu

# Annexe 1a

European Alliance for Initiatives of Applied Anthroposophy/ ELIANT

**ELIANT statistic EU countries**

**Minimum number of signatures per Member State (Article 7) set out in Annex I of the Regulation**

1. The signatures of a citizens' initiative shall come from at least one quarter of Member States.
2. In one quarter of Member States, signatures shall comprise at least the minimum number of citizens set out in Annex I.
3. Signatures shall be considered as coming from the Member State which issued the identification document indicated in their statement of support.
4. As the statistic shows, ELIANT achieved the required numbers not only in one quarter but in one third of the Member States

This chart shows:
1. The EU countries
2. Minimum number of signatures per Member State
3. the current status of EU-signatures gathered for ELIANT

| EU countries | minimum number of signatures per Member State (Art.7) | latest number of ELIANT signatures: 13.12.2010 |
|---|---|---|
| Austria | 14.250 | **33.974** |
| Belgium | 16.500 | **45.879** |
| Bulgaria | 13.500 | 949 |
| Cyprus | 4.500 | 69 |
| Czech republic | 16.500 | 6.308 |
| Denmark | 9.750 | **18.359** |
| Estonia | 4.500 | 3.509 |
| Finland | 9.750 | **11.816** |
| France | 55.500 | **122.765** |
| Germany | 72.000 | **419.414** |
| Greece | 16.500 | 1.036 |
| Hungary | 16.500 | 6.981 |
| Ireland | 9.000 | 1.738 |
| Italy | 54.750 | **59.970** |
| Latvia | 6.750 | 1.779 |
| Lithuania | 9.000 | 824 |
| Luxembourg | 4.500 | 1.662 |
| Malta | 4.500 | 21 |
| Netherlands | 19.500 | **163.269** |
| Poland | 38.250 | 1.295 |
| Portugal | 16.500 | 2.460 |
| Romania | 24.750 | 5.151 |
| Slovakia | 9.750 | 1.861 |
| Slovenia | 6.000 | **6.086** |
| Spain | 40.500 | 17.386 |
| Sweden | 15.000 | **37.116** |
| United Kingdom | 54.750 | 29.994 |
| TOTAL | 563.250 | 1.001.671 |

Aktion ELIANT I Postfach 1180 I D-79540 Lörrach I Fax. +49 7621 168 1863 I E-Mail: info@eliant.eu I www.eliant.eu

# Annexe 2

**Annex 2 Instruments of collecting signatures**

The way of collecting signatures

All instruments that have been used for this campaign have been developed by an initiative group working on a voluntary basis and consisting of representatives of the alliance, who are experts having experience in various fields such as economics, culture and politics. A full-time position was created in February 2007 for the campaign management in order to coordinate, execute and develop the operative measures. In summer 2007 a journalist joined to give support for all PR activities. Additional support was provided by student assistants and voluntary workers.

In order to popularise the promotion, the logo "Action ELIANT" was drafted and the signature list and associated charter were translated in all EU languages. Miscellaneous presentation material such as poster and flyers were distributed or dispatched to those interested and signature postcards were successfully deployed as additional advertising material in five languages. A home page on the web in four different languages, www.eliant.eu containing technical articles regarding the background, providing the option for downloading the documents and signature lists as well as the online submission of votes in eleven languages and donation buttons enables quick participation by each user. A free newsletter provides monthly information regarding the progress of the campaign. Promotional material such as buttons, stickers or air balloons, are used locally by those collecting signatures. Press releases and advertisement samples in the print media cater to public awareness about the ELIANT campaign. Signature lists and signature postcards are distributed in various newspapers as enclosures.
Protagonists from concerned organisations, sponsoring members and many representatives make personal appearances at presentations, congresses or public events for the ELIANT campaign, collect signatures and mobilise their own networks in various countries. Information regarding the progress of the campaign is distributed to activists in various countries on a monthly basis. Calls for the campaign are sent out with the help of e-mail distribution lists of the supporting organisations to their members and the campaign office evaluates the signatures received from each country in order to determine the popularity of the campaign in each individual country.

Target group-oriented mailings are sent to whole-food shops, health food shops, Waldorf schools and medical practitioners. These contain a technical description of how the campaign affects their customers and why the campaign requires support all across Europe. Responses, suggestions and requests are evaluated promptly, and replied to with thanks. As a result of their presence in events and forums, an increasing number of multipliers can be acquired, who, themselves collect signatures for the campaign. In this manner, the multiplier network expands continuously.
Contacts are maintained to the press and media, which carry reports on the issue of civil society. Not least of all, the number of on-line visits to the home page has risen in a sustained manner by 300 % in the year 2008 as a result of targeted campaign management.

See also:
Dignity and Development - ELIANT by Thomas Göing in:
Initiative for Europe, Handbook 2008 published by The Initiative & Referendum Institute Europe; *www.iri-europe.org/fileadmin/user_upload/media/IRI-Handbook2008.pdf*

SMALL TRUST, BIG ASSIGNMENT
How one organises a large network as a new foundation
by Thomas Goeing, Loerrach / Dornach (Switzerland) in Stiftung&Sponsoring 4/2008
www.stiftung-sponsoring.de

# 1 million signatures

**for the European Alliance of Initiatives for applied Anthroposophy/ ELIANT**

I hereby state my support for the ELIANT alliance and its charter to secure legal safeguards for anthroposophic medicine, biodynamic (DEMETER) foods, Waldorf education and other initiatives for applied anthroposophy. The ELIANT campaign is contributing to the European goal enshrined in the motto "United in Diversity".

| First name, surname | House no., street, town post code, country | Signature | Email address |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Please send the completed petition by post or fax to**
Aktion ELIANT, Rebgasse 37 D- 79540 Lörrach, Germany
**Fax:** +49 7621 168 18 63 **E-mail:** info@eliant.eu

Help us to achieve this goal by the end of 2009

**Confidentiality:** Your personal data will be used solely for Alliance purposes and will under no circumstances be passed on to third parties.

**The charter and further information can be found at: www.eliant.eu**

## European Alliance of Initiatives for Applied Anthroposophy / ELIANT

# *CHARTER*

***Aims of the Alliance***

Human dignity and individual development are core values of European culture, to whose evolution Rudolf Steiner's initiatives of applied anthroposophy have contributed for over 80 years. Especially in the fields of agriculture, education, special needs education and medicine, humane approaches of the highest quality have been developed, and found worldwide acknowledgement and esteem. The Alliance's task is to secure legal safeguards for such initiatives and to develop them further as a contribution towards the further shaping of Europe.

In the reality of the European context, the right to individual development for every citizen requires not only freedom of choice but also the availability of choices. Parents must be able to choose schools which accord with their educational convictions. Each person should be able to access the medical care and type of diet that corresponds to his way of life. In Europe, basic and human rights should not be restricted in such a way as to disadvantage these cultural initiatives. The Alliance is setting the course for pursuing this aim.

This necessitates basic social and legal policies to underpin institutions and developments which safeguard and support the diversity of different lifestyles. Pluralism of scientific methods, and freedom of research and teaching must be guaranteed. Freedom to choose one's profession and course of training also depend on a context of social pluralism.

***Alliance membership***

encompasses core members of the Alliance that join together in solidarity with the stated aims, and also associate members.

**Core members of the Alliance** are associations and institutions of applied anthroposophy that work at a European level and which, in accordance with the stated aims, work actively within European legislature to promote safeguards for fundamental human rights of self-determination, cultural diversity and thus enhanced quality of life. Core members, as those responsible for the Alliance, will develop and realise the work of the Alliance.

**Associate membership of the Alliance** is open to any natural person or legal body, organisation and institution which desires to promote cultural initiatives based on anthroposophy, and to support them through intellectual or financial contributions. They will be regularly informed of the Alliance's activities, and where applicable will help realise individual projects and campaigns. Associate members do not bear any financial commitment arising from their membership, except where the member expressly desires to do so.

***The Alliance's work and mode of operation***

We, the core members of this Alliance, agree to collaborate on the basis of a solidarity of initiatives. The Alliance will offer us mutual support in our respective, Europe-focused plans and campaigns. Our aim is to practise collaboration and mutual aid, with integrity and transparency. We thereby hope to realise necessary initiatives in different fields with the widest possible democratic support, low administrative costs, and keen awareness of dialogue and communication.

We will continue to exert influence on the development of European policies and legislature, and to develop and maintain existing contacts with European institutions.

We are an integral part of civil society at the European level, aiming to create as comprehensive a network as possible with organisations that pursue similar goals.

We participate actively in public relations activities and – as far as this is feasible - collaborate in conferences, courses and workshops that correspond with the aims of the Alliance.

In order to further our aims we are seeking partners in the fields of culture, economics and politics. We hope to collaborate with institutions, associations and individuals in public life who share our commitment to lasting protection of each person's freedoms, quality of life and individual development potential. Together with these partners we intend to support positions and initiatives which will contribute to shaping Europe's future according to the aims and principles described above.

The resolutions and decisions which affect the Alliance as a whole will be taken by mutual agreement of its members. Until the transfer to Brussels, the secretariat is located at the Foundation for Anthroposophic Medicine at the Goetheanum in Dornach, Switzerland.

***Core members and initial signatories of the Alliance are:***

**AEFMUTA**, Association Européenne des Fabricants de Médicaments utilisés en Thérapeutique Anthroposophique, Huningue; Nand de Herdt.
**Demeter International e.V.** , Darmstadt; Andreas Biesantz.
**ECCE**, European Co-operation in Anthroposophical Curative Education and Social Therapy, Zeist; Bernard Heldt.
**ECSWE**, European Council for Steiner Waldorf Education, A.I.S.B.L, Brüssel; Christopher Clouder.
**EFPAM**, European Federation of Patients' Associations for Anthroposophic Medicine, Leidschendam; René de Winter.
**FAM**, Förderstiftung Anthroposophische Medizin, Dornach; Michaela Glöckler.
**gesundheit aktiv** anthroposophische heilkunst e.V., Bad Liebenzell; Heidrun Loewer.
**IBDA**, Internationaler Verein für biologisch-dynamische Landwirtschaft, Arlesheim; Nikolai Fuchs.
**IKAM**, Internationale Koordination Anthroposophische Medizin, Dornach; Jürgen Schürholz.
**IVAA**, Internationale Vereinigung Anthroposophischer Ärztegesellschaften, Dornach; Günther Schulz, Peter Zimmermann.

**The following associate members of the Alliance were present at its founding:**

**Institut Anthroposophique Rudolf Steiner**, Brüssel; Jürgen Erdmenger.
**Konferenz für Heilpädagogik und Sozialtherapie**, Dornach; Rüdiger Grimm.
**Giancarlo Buccheri**, former president of the IVAA, Dornach.
**Christof Wiechert**, Dornach.

**Brüssel, den 29.09.2006**

**The core members and associate members thank all who take note of this charter, and who, through adding their name to the list of signatures, help to reinforce the Alliance's political efficacy.**

www.eliant.eu

PRODATA

PRODATA GMBH · STEINHÄUSERSTR. 12 · 76135 KARLSRUHE

Aktion ELIANT



| Ihre Nachricht | Ihr Ansprechpartner | Durchwahl | E-Mail | Datum |
|---|---|---|---|---|
| | Wolfram Eberitzsch | 210 | Eberitzsch@prodata.de | 02.06.2010 |



Dear Sirs,

we confirm that our company was commisioned by Aktion Eliant with the data entry of signature lists.

Process describtion:

PRODATA received paper signature lists containing fields for first name, last name, street address, email address and signature. Employees prepared the documents fort the scanning process. After this the documents were scanned and archived as TIFF images. These images were processed in a capturing system and automatically displayed to Data Entry Clerks highlighting record by record. These people typed the information into masks. The results were exported into a central database. In an additional step the records were checked for completeness of information and the database was deduplicated.

Finally the attached summary was prepared. It contains the for every country and in total the net number of complete adresses, of incomplete addresses and duplicates.

We acknoledge as service provider that the number of personal data records actually exist and these records are stored on our systems. We provided the service and the statistic summary in all conscience, in abidance of all laws and data privacy protection and in utilization of the actual technichal scope.

Wolfram Eberitzsch
Geschäftsführer

PRODATA DATENBANKEN UND
INFORMATIONSSYSTEME GMBH
STEINHÄUSERSTRASSE 12
76135 KARLSRUHE
T 0721-98171-0
F 0721-98171-300
WWW.PRODATA.DE
INFO@PRODATA.DE

GESCHÄFTSFÜHRUNG:
DIPL. WIRT.-ING. (TH)
THORSTEN HEFTRICH
DIPL. WIRT.-ING. (TH)
WOLFRAM EBERITZSCH
AMTSGERICHT KARLSRUHE
HRB 6652

COMMERZBANK KARLSRUHE
KONTO 222990400
BLZ 66040018

PRODATA

PRODATA

Summary

| country code | country | registered addresses | | | |
|---|---|---|---|---|---|
| | | total | complete | incomplete | duplicates |
| AT | AUSTRIA | 19.034 | 16.656 | 1.761 | 617 |
| BE | BELGIUM | 14.377 | 11.645 | 1.810 | 922 |
| BG | BULGARIA | 265 | 121 | 139 | 5 |
| CY | CYPRUS | 1 | 0 | 1 | 0 |
| CZ | CZECH REPUBLIC | 4.938 | 3.331 | 1.562 | 45 |
| DE | GERMANY | 314.072 | 285.732 | 13.745 | 14.595 |
| DK | DENMARK | 5.495 | 4.502 | 944 | 49 |
| EE | ESTONIA | 1.995 | 454 | 1.533 | 8 |
| ES | SPAIN | 5.820 | 3.815 | 1.917 | 88 |
| FI | FINLAND | 7.603 | 6.843 | 678 | 82 |
| FR | FRANCE | 31.643 | 22.831 | 8.294 | 518 |
| GB | UNITED KINGDOM | 17.075 | 11.617 | 5.292 | 166 |
| GR | GREECE | 252 | 125 | 126 | 1 |
| HU | HUNGARY | 2.489 | 1.983 | 481 | 25 |
| IE | IRELAND | 464 | 16 | 446 | 2 |
| IT | ITALY | 47.202 | 37.204 | 8.867 | 1.131 |
| LT | LITHUANIA | 552 | 99 | 449 | 4 |
| LU | LUXEMBOURG | 971 | 682 | 285 | 4 |
| LV | LATVIA | 1.467 | 885 | 574 | 8 |
| MT | MALTA | 2 | 0 | 2 | 0 |
| NL | NETHERLANDS | 30.550 | 24.821 | 5.175 | 554 |
| PL | POLAND | 682 | 478 | 183 | 21 |
| PT | PORTUGAL | 832 | 454 | 365 | 13 |
| RO | ROMANIA | 3.526 | 345 | 3.101 | 80 |
| SE | SWEDEN | 14.960 | 10.367 | 4.315 | 278 |
| SI | SLOVENIA | 1.900 | 972 | 912 | 16 |
| SK | SLOVAKIA (Slovak Republic) | 525 | 324 | 193 | 8 |
| Total | | **528.692** | **446.302** | **63.150** | **19.240** |

PRODATA

*efficiency* **online**

Aktion ELIANT
**c/o Thomas Göing**
Postfach 1180
D-79501 Lörrach
Deutschland

Amersfoort,
November, 2010

Dear Mr. Göing,

On behalf of Efficiency Online B.V. I hereby declare that the petition procedure has been as follows from the very beginning of the online Eliant campaign, March 15, 2007:

1. Visitor fills out petition form that is presented in the selected language, providing first name and surname, email, city and country;
2. After submitting the form the petition is stored in our database, with the flag "confirmed" set to "N";
3. A confirmation email is automatically sent to the visitor's email address;
4. The visitor clicks the confirmation link (containing encrypted petition id and visitor's name) to confirm the petition, and the petition record is updated with "confirmed" set to "Y";

The application is hosted in a secured hosting environment at an euNetworks location using OpenBSD as operating system for webserver, Debian as operating system for database server, MySQL database and Apache/PHP, and OpenBSD firewalls.

The the data provided online is securely stored, in order to ensure, inter alia, that it may not be modified or used for any other purpose than its indicated support of the given citizens' initiative and to protect personal data against accidental or unlawful destruction or accidental loss, alteration or unauthorized disclosure or access.

Yours sincerely,

Sjoerd Geraedts
Director

## *efficiency* **online**

Number of petitions as per December 13, 2010

| *Country* | *Confirmed petitions* | *Unconfirmed petitions* |
|---|---|---|
| Austria | 9213 | 1467 |
| Belgium | 32571 | 6589 |
| Bulgaria | 463 | 95 |
| Cyprus | 56 | 11 |
| Czech Republic | 989 | 347 |
| Denmark | 12336 | 3605 |
| Estonia | 967 | 311 |
| Finland | 3015 | 918 |
| France | 79226 | 20834 |
| Germany | 40067 | 5918 |
| Greece | 650 | 276 |
| Hungary | 2270 | 692 |
| Ireland | 551 | 133 |
| Italy | 4951 | 3507 |
| Latvia | 148 | 93 |
| Lithuania | 202 | 103 |
| Luxembourg | 466 | 101 |
| Malta | 19 | 3 |
| Netherlands | 109299 | 14134 |
| Poland | 215 | 82 |
| Portugal | 1206 | 305 |
| Romania | 1040 | 423 |
| Slovakia | 1329 | 261 |
| Slovenia | 3284 | 1161 |
| Spain | 9784 | 3886 |
| Sweden | 11864 | 4493 |
| United Kingdom | 10174 | 2390 |
| **TOTAL** | **336355** | **72138** |

# Annexe 6

### Campaign ELIANT
### Overview Income/expenses 2006 – 2010

| All figures in EUR | 2006+ 2007 | 2008 | 2009 | 2010 | Total |
|---|---|---|---|---|---|
| Expenses Action ELIANT | 215.483 | 348.566 | 185.002 | 118.263 | 867.314 |
| Income Action ELIANT | 140.657 | 168.241 | 185.002 | 126.988 | 620.888 |
| Interest-free loan 2006-08/loan redemtion 2009-10 | -74.826 | -180.325 | 36.667 | 47.830 | -170.654 |
| Number collected signatures | 300.000 | 377.618 | 325.920 | 118.977 | 1.122.515 |
| Expenses per signature | 0,72 € | 0,92 € | 0,57 € | 0,99 € | 0,77 € |

| Income in EUR | 2006 + 2007 | 2008 | 2009 | 2010 | Total |
|---|---|---|---|---|---|
| | | | | | |
| **Net current assets in the beginning of the year** | 0 | 0 | 0 | 16.178 | |
| Individual donations* | 20.205 | 29.977 | 115.828 | 55.761 | 221.771 |
| Institutions and foundations** | 82.349 | 108.803 | 75.092 | 54.049 | 320.293 |
| Core member Alliance ELIANT*** | 38.103 | 29.461 | 10.260 | 1.000 | 78.824 |
| Total income | 140.657 | 168.241 | 201.180 | 126.988 | 620.888 |

As at: 14.01.2011

* Private donations from friends, associate members and people who signed the petition
** Institutions are non-profit associations fom organic farming, healthcare and Kindergarden and steiner waldorf associations
** Several Foundations from Europe supporting civil-society activities
*** The 10 ELIANT Core members depend on contributions and donations and have only a small budget for further activites.


ACTION
ELIANT