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April 17, 2012

Arizona Corporation Commission  
DOCKETED

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## Electrical Hypersensitivity (EHS) in Arizona

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Dear Commissioners

Risks are a fact of daily life. We accept the risk of a car accident in return for the ability to move around fast and conveniently. If we do have an accident, the medical system stands ready to help. If we become permanently disabled as a result of an accident, Social Security may step in to help.

Smart Meters are similar in many ways. In return for cost savings, faster black-out recoveries, the possibility of increased use of renewable energies and other potential benefits, a risk is implicitly accepted. The difference is that there is still no good system for reducing the risks and for dealing with the unintended consequences

Early motor vehicles did not have seat belts, shatter-proof glass, airbags and other safety features that are now standard. They took many decades to be developed and were generally resisted by the automotive industry. The industry especially resisted seat belts and the unleaded gasoline, which only became standard due to forward looking public officials.

Today's PLC and wireless utility meters for electricity, gas and water have unintended consequences. Whether tomorrow's meters will be better remains to be seen. As for now, we need a system for dealing with unintended consequences. People who are affected by these technologies must be allowed to be free of these scourges. This means a meaningful and non-punitive opt-out with

electromechanical meters. Meters which cannot communicate by any electronic means. It also means that there need to be areas free from PLC technologies that turns the electrical wires into unintentional antennas.

## **Electrical Hypersensitivity is Controversial**

At it's September 8, 2011, meeting, this commission heard the opinion of epidemiologist Dr. Leeka Kheifets. Dr. Kheifets' opinion was that there is no association between electromagnetic radiation and electrical hypersensitivity (EHS).

On September 20, a rebuttal by Dr. Samuel Milham was filed in this docket. Dr. Milham has equally impressive credentials, and a supportive view of EHS. He has personally visited the Snowflake community.

Diversity of opinion is normal while science slowly reaches a consensus on an emerging syndrome. This process usually takes decades, especially when there are large monetary interests at stake. Dr. Kheifets co-wrote a 2008 report which recommended no public funding for studies of EHS. A lack of funding is one reason EHS is slow to become generally accepted. Much research in this area has been funded by special interests, which a predictable outcome.

Some studies have been done on EHS patients, the results have been inconclusive, but these studies have generally been poorly designed. A common problem is lack of a controlled environment. This is like testing whether a person with asthma is sensitive to cigarette smoke or not, and put them in a room with a cigar smoker as the "not exposed" test. If the asthmatic has symptoms from the cigar smoke as well as the cigarette smoke, the "conclusion" is that the test subject cannot distinguish whether there is cigarette smoke present or not. Several potential test subjects were not even able to be in the laboratories and had to leave. This was reportedly the case with the often-cited Kings College Study. There are several other confounders, such as the fact that many of us first have symptoms after awhile, sometimes first after the test exposure has been stopped.

In the recent past, other illnesses have had to struggle for acceptance such as mesothelioma (asbestos lungs), endometriosis, fibromyalgia, asthma and many others. Before an illness becomes "accepted", the sufferers have to not only live

with an illness or disability, but also often have to be treated with suspicion and refusal of accommodation of basic needs. While science will eventually vindicate people with EHS, we do not have the luxury of time as the electrosmog of the airwaves and electrical system keeps increasing. The costly lessons of leaded gasoline, DDT, dioxin, asbestos and much else needs to be heeded. Much suffering and expense could have been avoided if absolute proof had not been demanded, thus putting the entire burden on the victims, and all benefits of doubt in the hands of special interests.

Many voices are being raised in support, such as the books:

- The Invisible Disease by Gunni Nordstrom
- Black on White: Voices and Witnesses about Electrohypersensitivity by Rigmor Granlund-Lind and John Lind
- Chemical and Electrical Hypersensitivity by Jerry Evans

Several websites have personal testimonies. The EMF Safety Network has 64 pages of stories about smart meters alone ([emfsafetynetwork.org/?page\\_id=229](http://emfsafetynetwork.org/?page_id=229)).

Many independent scientists have protested the non-acceptance of EHS, such as the BioInitiative report, the Irish Doctor's Environmental Association and the International Commission for Electromagnetic Safety. Politically, the Council of Europe, issued a resolution in support of people with EHS in May 2011. The Council is an advisory body to the European Parliament. On March 12, 2012, a resolution in support of people with EHS was put up for consideration by the European Parliament, with five initial sponsors.

## **EHS in Arizona**

There are approximately five hundred people with severe EHS living in Arizona. We live in many parts of the state, though the most severe have fled to the rural areas. The Snowflake community is in rural Navajo County. The nearest town is Snowflake, though none of us live within the city limits. We live on large lots of 20 acres or more, with specially built houses. Such houses are costly to have built, we will not be able to recuperate the cost selling to the general population. Nor can we easily find suitable houses elsewhere if we are forced to move. Many of us had to live in cars, tents, or other temporary housing while the house was built. The State of Arizona opened a four-unit rental facility in 2008 to serve those with EHS

who are of low income and unable to shoulder the cost of safe housing. It has a waiting list.

We are currently thirty people here. We come from all over the country, including New York, Florida, California, Ohio, Illinois, D.C., Kansas, Arizona and Canada. Every year, we are visited by five to ten people looking for a safe place to live, two to three people stay. It would be more if we had more affordable housing to offer. We have done the utmost to take care of our medical needs, but with this invasion of our lives, we need your help.

Thank you,

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