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OPEN MEETING AGEN



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Monnie Ramsell
50 Bronco Drive
Sedona AZ 86336

June 28, 2013

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AZ CORP COMMISSION
DOCKET CONTROL

2013 JUN 28 PM 1 42

Arizona Corporation Commission (ACC)
Docket Control Center
1200 West Washington Street
Phoenix, Arizona 85007

Re: Docket # E-00000C-11-0328

Dear Commissioners,

I am enclosing my submission to the docket # E-00000C-11-0328 and 13 copies.

Thank you,

Monnie Ramsell

Arizona Corporation Commission
DOCKETED

JUN 28 2013



Monnie Ramsey **OPEN MEETING AGENDA ITEM**
50 Bronco Drive
Sedona AZ 86336

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DOCKET CONTROL

Re: Docket # E-00000C-11-0328

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Dear Commissioners,

Due to the concerns for health and privacy, the City of Sedona held a Smart Meter Workshop on June 19th. When APS representatives were asked by a Councilor **how many times** the mesh grid transmits in 24 hours, they gave the same answer given at the 03/23/12 ACC Workshop; 15 minutes.

PG&E was forced to admit before an administrative law judge in California, that their mesh grid transmits as much as **190,000 times** amounting to a total of about 15 minutes in a 24 hour period. It seems that APS is deliberately concealing the fact that most of the transmissions from smart meter are not for data reporting. Yes, data reporting is only 6 to 8 times a day, but it seems that APS is deliberately concealing the most damaging fact by not disclosing how many times smart meters transmit. Time sync is every 15 minutes, which translates to **96 times** a day. Again there is a pattern of concealing the 96 powerful spikes.

The APS representatives also said that most of the time the meter is dormant and not doing anything. This is not even possible. How do the 190,000 pulses plus spread throughout the day? Do the math. It averages around 8,000 pulses in an hour, or 130 pulses in a minute. If the meters only transmit 15 minutes a once and then stop for 23 hours and 45 minutes a day, perhaps our body may have time to recover from the RF assault. Instead the high frequency RF pulse is jack-hammering us full body throughout the day 24/7. Just like strobe lights RF spikes can induce seizures.

Then APS kept repeating during the workshop that a cell phone held against one's ear exposes someone to more than 1,000 times the RF as an APS automated ('smart') meter from a distance of 10 feet. The California Council on Science and Technology, (CCST) took the data literally from the Electric Power Research Institute and published its own report with which Council Members are familiar. The California Council on Science and Technology's affiliates include the Department of Energy (DOE) who funded the smart grid grant with \$3.4 billion and the Electric Power Research Institute is a nonprofit organization **funded by the electric utility industry**. In short, both are sponsored by the industry.

Also since the data from both reports are identical, my reference to them both is interchangeable.

The EPRI report uses one cell phone that is "Based on a 3-inch, 250 mW antenna emitting in a cylindrical wave front." There is no mention of what brand, model, wireless network, or production year of this fictitious cell phone to allow for verification. The numbers used in the report are not real measurement, but estimation from calculation.

According to Itron, a popular smart meter, lists in its FCC submission that at 20 cm, the maximum power density is $232 \mu\text{W}/\text{cm}^2$. California Department of Public Health (DCPH) also commented on this. They actually field measured many cell phones under a variety of weak and strong signals; and all the measurement they took were under $80 \mu\text{W}/\text{cm}^2$, often much lower, frequently less than $40 \mu\text{W}/\text{cm}^2$ shown for "Smart Meters" at 3 feet. Another proof that the representation of Smart Meter emissions is based upon controlled conditions and not real world conditions is that the minimum and maximum values for a "Smart" Meter at 3 and 10 feet are the same; suggesting no variability. Their in-the-field measurements show appreciable variability.

The FCC limit for public exposure to microwave radio-frequency radiation is $580 \mu\text{W}/\text{cm}^2$. On the graph provided by CCST, we have $1,000 \mu\text{W}/\text{cm}^2$ and $5,000 \mu\text{W}/\text{cm}^2$. **That will make that particular cell phone illegal.**

Based on real life measurement, Smart meters are showing a higher reading than most cell phones. In fact, some Smart Meters are showing readings as high as cell antenna. There is no way that a cell phone is emitting 1,000 times the RF of an APS Smart Meter. This is another premeditated fraudulent misrepresentation by APS.

APS representatives also tried to confuse the Council by suggesting that the Smart Meter is very similar to the existing meters in the field with the only difference being a radio device. This is another misrepresentation. A radio is a receiver, not a transmitter. The Smart Meter is both. The closer example is the Smart Meter is like a radio broadcasting station rather than a receiving radio.

When Council asked APS how wide the area will the RF from a Gateway collector transmit, APS simply dodged the whole question. We learned from Texas Oncor manufacturer that the collector had a RF transmitting radius of 125 sq. miles. No houses are that far apart and that means even if we opt out, we will be blanketed by second hand RF from all our neighboring meters and collectors.

If Smart Meters are safe then why are so many people sick? I personally know someone who had been adversely affected by the smart meters. These people didn't even know they had a smart meter installed on their home. They are experiencing intense heart palpitation, severe migraine, severe nose bleed that last half an hour, seizures. This deployment needs to be halted immediately and alternative options should be considered. There is no benefit that can offset the cost of health care resulting from the adverse health effects of Smart Meter.

I am sure the Commission is well aware of such incidents. Just look up Jackie Hardie's submission to the Docket dated 12/17/12. Jackie was first injured by the Smart Meter. She suffered multiple organ failures, hemorrhaging, hypertension, and finally went into a coma. She had to flee her home and became homeless just to keep herself alive. If her smart meter and that of her neighbor were not removed, she would have died from it. What is really the quality of life for someone like her? Will she ever regain her health? Taxpayers are going to pick up the health care cost if people are disabled by the Smart Meters.

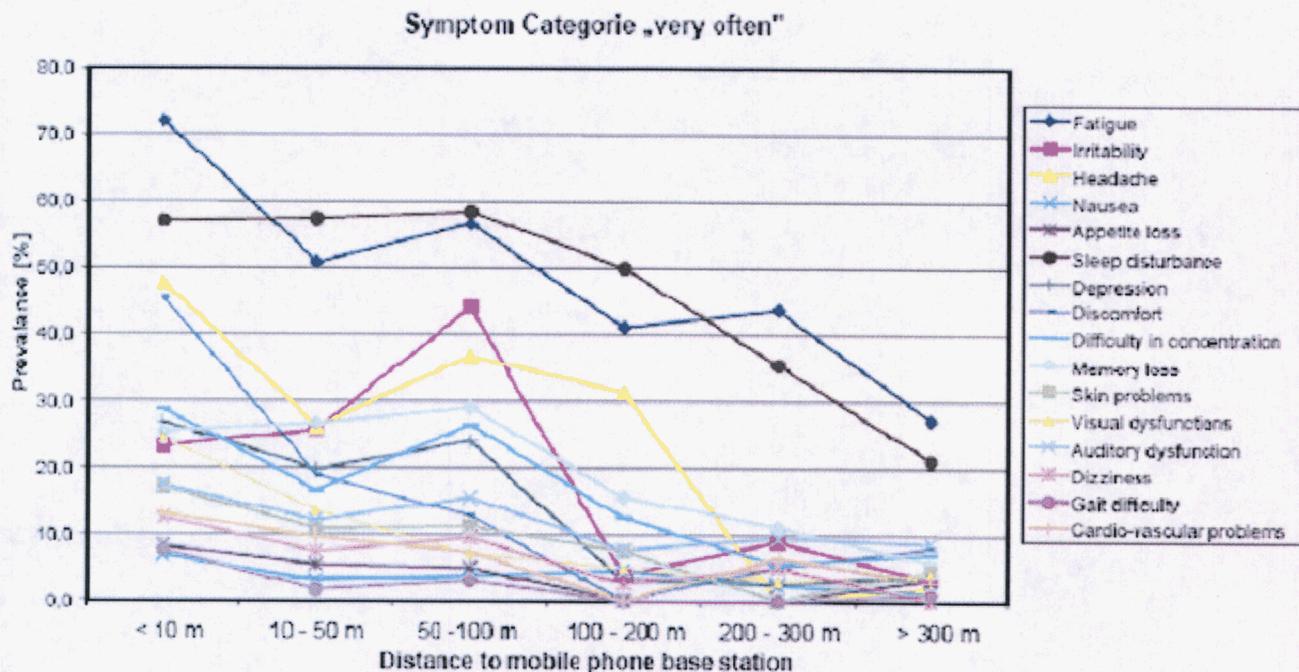
How many Jackie Hardie had to suffer needlessly for the Commission to halt the program? One is one too many.

There have been many independent and peer reviewed studies on the health effect of Microwave frequency (formerly referred to as "microwave sickness" in 1932). In August 1932, the German doctor Erwin Schliephake published scientific data in the German Medical Weekly about radio transmitter-induced "microwave" or "radio wave sickness" with the following symptoms: severe tiredness and fatigue during the day, fitful sleep in the night, headaches to the point of intolerability, and high susceptibility to infection.

Most early health research work focused on occupational exposure of military personnel and some on the effects of weaponry. The first significant report (Sadkikova) describing occupational 'microwave sickness' appeared in 1974. The symptoms included fatigue, headaches, palpitations, insomnia, skin symptoms, impotence and altered blood pressure. Further occupational research ^[Forman 1982, Wayne 1984, Graham 1985, Marchiori 1995] added the following symptoms resulting from acute exposure; warming sensations, nausea, neuropathy (numbness, tingling, even paralysis in toes and fingers), stomach cramps, dyasthesia (a crushing sensation) and irritability.

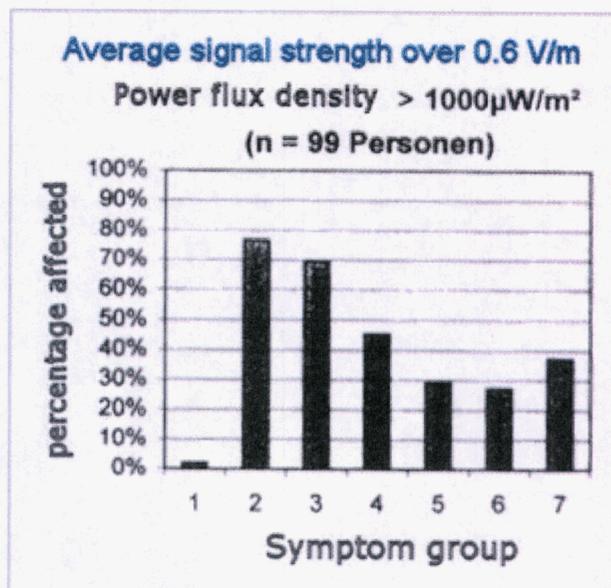
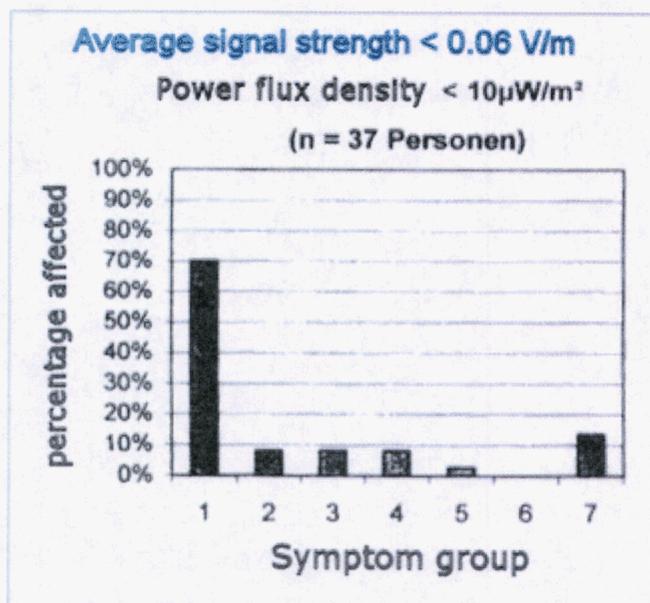
In many cases, medical tests carried out on those people suffering from the symptoms (including blood pictures and biochemistry) showed no significant abnormalities ^[Graham 1985, Hocking 1988, Schilling 1997]. The symptoms often persisted for several months, even years, after the exposure, and some of the people who had been exposed were never able to regain the level of good health they had experienced beforehand. Some exposures resulted in severe anxiety necessitating short term sedation and even admission to hospital. Psychological problems and emotional instability persisted for up to a year.

Roger Santini produced the following graph of symptoms reported by people living within 300 metres of mobile phone base stations [\[Santini 2002\]](#).



Navarro (2003) and, in a further re-analysis of Navarro's research, Oberfeld (2004) Bortkiewicz (2004) Hutter (2006) and Abdel-Rassoul (2007) all found significant numbers of people reporting very similar collections of symptoms. The effects began in many cases at 0.05 V/m and often, where measured, the higher the exposure, the more the symptoms were reported [\[Navarro 2003, Oberfeld 2004, Bortkiewicz 2004, Hutter 2006, Abdel-Rassoul 2007\]](#).

Here are the graphs that accompanied the German Doctors' letter to Edmund Stoiber, president of the federal state of Bavaria, Germany:



Group 1 - no symptoms

Group 2 -sleep disturbance, tiredness, depressive mood

Group 3 - headaches, restlessness, dazed state, irritability, disturbance of concentration, forgetfulness, learning difficulties, difficulty finding words

Group 4 - frequent infections, sinusitis, lymph node swellings, joint and limb pains, nerve and soft tissue pains, numbness or tingling, allergies

Group 5 - tinnitus, hearing loss, sudden hearing loss, giddiness, impaired balance, visual disturbances, eye inflammation, dry eyes

Group 6 - tachycardia, episodic hypertension, collapse

Group 7 - other symptoms: hormonal disturbances, thyroid disease, night sweats, frequent urge to urinate, weight increase, nausea, loss of appetite, nose bleeds, skin complaints, tumors, diabetes

Among these are that the radiation reduces melatonin levels and increases nitric oxide (NO) levels ^[Yarikas 2005]. Changes in melatonin and nitric oxide levels may reduce the amount of cancer fighting cells in our bodies. This may explain why no particular cancer is associated with microwave exposure; the immune system's ability to repair cancer damage is compromised, no matter in which area of the body the cancer first appears.

These changes also may promote sleeping disorders, increase cholesterol levels leading to greater risk of atherosclerosis and coronary heart disease, and increase blood pressure ^[Aly 2008] giving greater risk of blood clots and strokes, and changes the body's ability to cope with other toxins.

Oberfeld found brain wave (EEG) patterns changed, predicted by Hyland, as a result of RF exposure. A study by in the late 80's ^[Lai 1989] found that 45 minutes of exposure to pulsed microwaves affected choline uptake in the rat. Choline is a chemical precursor or "building block" needed to produce the neurotransmitter acetylcholine, and research suggests that memory, intelligence and mood are mediated at least in part by acetylcholine metabolism in the brain.

Physicists at UC Berkeley ^[Jensen 2007] have produced the world's smallest radio out of a single carbon nanotube that is 10,000 times thinner than a human hair. The nanotube absorbs the radio transmission and physically vibrates in response, like a tuning fork or the tiny hairlike structures inside the human ear. The multi-walled cylinders were better at picking up AM and FM transmissions and the single walled nanotubes were best for receiving the frequencies used in cell phones. It is interesting that the mechanism is by physical vibration of the nanotube in response to RF fields. This may give more pointers as to the bio-detection capability of the body, even at a cellular level and also may well invoke a bio-response. Later work ^[Pavicic & Trosic 2008] found that 935 MHz radiation affected microtubule proteins, which believed could obstruct cell growth.

References

Abdel-Rassoul G et al, (March 2007) *Neurobehavioral effects among inhabitants around mobile phone base stations*, Neurotoxicology. 2007 Mar;28(2):434-40

Aly AA et al, (February 2008) *Effects of 900-MHz radio frequencies on the chemotaxis of human neutrophils in vitro*, IEEE Trans Biomed Eng. 2008 Feb;55(2):795-

Bortkiewicz A et al, (2004) *Subjective symptoms reported by people living in the vicinity of cellular phone base stations: review*, Med Pr. 2004;55(4):345-51

Daniells C et al, (March 1998) *Transgenic nematodes as biomonitors of microwave-induced stress*, Mutat Res. 1998 Mar 13;399(1):55-

Forman SA et al, (October 1995) *Psychological symptoms and intermittent hypertension following acute microwave exposure*, J Occup Med. 1982 Nov;24(11):932-

Graham RB, (1985) *The medical results of human exposure to radiofrequency radiation The impact of proposed radiofrequency radiation standards on military operations*, Neuilly-sur-Seine, France: Advisory Group for Aerospace Research and Development (AGARD) 6-1-6-8 (Lecture Series No 138)

Hocking B et al, (1988) Health aspects of radio-frequency radiation accidents. Part I: Assessment of health after a radio-frequency radiation accident, *J Microw Power Electromagn Energy*. 1988;23(2):67-]

Huss A et al, (January 2007) Source of funding and results of studies of health effects of mobile phone use: systematic review of experimental studies, *Environ Health Perspect*. 2007 Jan;115(1):1-4

Hutter HP et al, (May 2006) *Subjective symptoms, sleeping problems, and cognitive performance in subjects living near mobile phone base stations*, *Occup Environ Med*. 2006 May;63(5):307-13

Jensen K et al, (November 2007) *Nanotube radio*, *Nano Lett*. 2007 Nov;7(11):3508-11

Lai H et al, (May 1989) *Low-level microwave irradiation and central cholinergic systems*, *Pharmacol Biochem Behav*. 1989 May;33(1):131-8

Marchiori PE et al, (October 1995) *Acute multiple mononeuropathy after accidental exposure to oven microwaves*, *Occup Med (Lond)*. 1995 Oct;45(5):276-7

Navarro EA et al, (December 2003) *The Microwave Syndrome: A Preliminary Study in Spain*, *Electromagn Biol Med* 22(2-3): 161-169

Oberfeld G et al, (October 2004) *The Microwave Syndrome - Further Aspects of a Spanish Study*, Conference Proceedings

Pavicic I, Trosic I, (August 2008) *In vitro testing of cellular response to ultra high frequency electromagnetic field radiation*, *Toxicol In Vitro*. 2008 Aug;22(5):1344-8

Sadcikova M, (1974) *Clinical manifestations of reactions to microwave irradiation in various occupational groups*, *Biological Effects and Health Hazards of Microwave Radiation*. WHO symposium, Polish Medical Publishers 261-267

Santini R et al, (July 2002) *Investigation on the health of people living near mobile telephone relay stations: I/Incidence according to distance and sex*, *Pathol Biol (Paris)* 2002 Jul;50(6):369-73

Schilling CJ, (April 1997) *Effects of acute exposure to ultrahigh radiofrequency radiation on three antenna engineers*, *Occup Environ Med*. 1997 Apr;54(4):281-4

Wayne L et al, (1984) *Investigation of an active microwave-oven hand injury*, *J Hand Surg* 9A: 132-5

Yariktas M et al, (May 2005) *Nitric oxide level in the nasal and sinus mucosa after exposure to electromagnetic field*, *Otolaryngol Head Neck Surg*. 2005 May;132(5):713-6

Wayne L