

December 2, 2014

MICHIGAN

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COMMITTEE
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The Experts, AS PRESENTED IN ALPHABETICAL ORDER:

- 17) **Dr. David Carpenter** – Director, Institute for Health and the Environment, Univ. of Albany public health physician and former Dean of the School of Public Health at the University at Albany AND co-editor of the Bioinitiative Report.
- 18) **Dr. Paula Davey** – Doctor of Internal Medicine, Gastroenterology, Environmental Medicine
- 19) **Dr. Amy Dean** – Past President of the Amer. Academy of Environmental Medicine (AAEM), and she is a practicing Board Certified Environmental Physician who is presently treating patients who developed health problems after a sm was installed on their homes.
- 20) **Jerry Flynn** - Retired Electronic Warfare and Signals Intelligence Officer with 22 years' experience working with American, international and NATO forces
- 21) **Dr. Magda Havas** - is Associate Professor of Environmental & Resource Studies at **Trent University** where she teaches and does research on the biological effects of environmental contaminants, AND authored a section in the Bioinitiative Report.
- 22) **Dr. Sam Milham** – Retired physician and Epidemiologist, expert in EMF exposure for over 30 years, and has over 100 peer-reviewed scientific publications.
- 23) **Dr. Ronald Powell** – is a retired **career US Government Scientist** (PhD., Applied Physics, Harvard University, 1975)
- 24) **David Stetzer** – Has military training and extensive experience with thermography, power-quality analyzers, electrician with a specialized background and experience in electronics.
- 25) **Jeromy Johnson** – MS Civil + Environmental Engineer; Copmments for Michigan w/ CPUC
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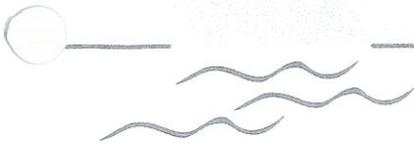
DOCTOR/PATIENT LETTERS

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ECOLOGICAL INTERNAL MEDICINE, PLLC

Amy L. Dean, D.O.

December 09, 2013

The Honorable Gail Haines
N-892 House Office Building
PO Box 30014
Lansing, MI 48909

Dear Representative Haines:

I am writing on behalf of my patient, Lana Waldorf. Ms. Waldorf has been my patient since 2011. In 2012, 3 smart meters were installed on the wall of her condominium in close proximity to her bedroom. Following smart meter installation, Ms. Waldorf developed several new symptoms she did not have prior to installation. These new symptoms included heart arrhythmia (trigeminy/premature ventricular contractions), sleep disturbance (insomnia), and muscle twitching and cramps in her lower extremities. None of these symptoms existed prior to the installation of the smart meters on her condo.

The radiofrequency portion of her meter has since been turned off. That did resolve her lower extremity symptoms and improve her sleep. However, she still has occasional episodes of heart arrhythmia.

Many environmental physicians are seeing patients just like Ms. Waldorf who are experiencing adverse health effects after installation of smart meters. Based on the current scientific research, I have no doubt that Ms. Waldorf's new onset arrhythmia, sleep disturbance and other symptoms are a direct result of smart meter emissions – a prime example of the cause and effect principle.

Recently, a 92 case series from Dr. Federica Lamech of Australia was submitted to the American Academy of Environmental Medicine. It confirms what patients are reporting to their physicians: increased sleep disturbance, cardiac arrhythmias, and muscle cramps, as well as other symptoms. These are all symptoms Ms. Waldorf developed after smart meters were installed on her condominium.



ECOLOGICAL INTERNAL MEDICINE, PLLC

Amy L. Dean, D.O.

Enclosed for your review are: 1) the American Academy of Environmental Medicine position paper summary, 2) the AAEM medical recommendations regarding electromagnetic frequency (EMF) and radiofrequency (RF) exposure, and 3) the recent AAEM letter regarding the Smart Meter Case Series.

It is imperative that the adverse health effects are recognized and that Ms. Waldorf's health is protected. She is one of many patients in Michigan and around the country that are experience symptoms as a direct result of exposure to smart meter emissions. It is also important that she has the right to have analog meters on her condo to create an electrically safe environment free from EMF and RF emissions.

Also recently, based on the new Australian research, the AAEM has called for a moratorium on smart meters and accommodation for health considerations. AAEM also called for avoidance of smart meter EMF and RF emissions based on health conditions and the right for patients to have an analog meter.

I urge you and the House Health Policy Committee to seriously consider having hearings on the adverse health effects of smart meters. I also ask that you and the Health Policy Committee support the right for Ms. Waldorf and other Michigan residents to have an analog meter to protect their health as other states have done for their citizens.

Respectfully,



Amy L. Dean, DO, FAAEM, DABEM, DAOBIM

Immediate Past President

American Academy of Environmental Medicine

DrAmyDean@gmail.com



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Smart Meter Case Series

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Founded in 1965 as a non-profit medical association, the American Academy of Environmental Medicine (AAEM) is an international organization of physician and scientists interested in the complex relationship between the environment and health.

AAEM physicians and physicians world-wide are treating patients who report adverse, debilitating health effects following the installation of smart meters, which emit electromagnetic frequencies (EMF) and radiofrequencies (RF).

The peer reviewed, scientific literature demonstrates the correlation between EMF/RF exposure and neurological, cardiac, and pulmonary disease as well as reproductive disorders, immune dysfunction, cancer and other health conditions. The evidence is irrefutable. Despite this research, claims have been made that studies correlating smart meter emissions with adverse health effects do not exist.

The AAEM has received a case series submitted by Dr. Federica Lamech, MBBS, *Self-Reporting of Symptom Development from Exposure to Wireless Smart Meters' Radiofrequency Fields in Victoria*. AAEM supports this research. It is a well documented 92 case series that is scientifically valid. It clearly demonstrates adverse health effects in the human population from smart meter emissions.

The symptoms reported in this case series closely correlate not only with the clinical findings of environmental physicians, but also with the scientific literature. Many of the symptoms reported including fatigue, headaches, heart palpitations, dizziness and other symptoms have been shown to be triggered by electromagnetic field exposure under double blind, placebo controlled conditions. Symptoms in this case series also correlate with the Austrian Medical Association's Guidelines for the Diagnosis and Treatment of EMF Related Health Problems.

It is critically important to note that the data in this case series indicates that the "vast majority of cases" were not electromagnetically hypersensitive until *after* installation of smart meters. Dr. Lamech concludes that smart meters "may have unique characteristics that lower people's threshold for symptom development".

This research is the first of its kind, clearly demonstrating the correlation between smart meters and adverse health effects.

Based on the findings of this case series, AAEM calls for:

- Further research regarding smart meter health effects
- Accommodation for health considerations regarding smart meters.
- Avoidance of smart meter EMF/RF emissions based on health considerations, including the option to maintain analog meters.
- A moratorium on smart meters and implementation of safer technology
- Physicians and health care providers to consider the role of EMF and RF in the disease process, diagnosis and treatment of patients.

Passed by the Board of Directors of the American Academy of Environmental Medicine October 23, 2013

Please note: Smart Meter case series research to be released upon publication



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Electromagnetic and Radiofrequency Fields Effects on Human Health Position Paper Summary

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- AAEM has been studying and treating the effects of the environment on health for over 50 years.
- AAEM physicians have been seeing patients who are symptomatic from electromagnetic frequency (EMF) exposure for more than 20 years.
- There has been a massive increase in radiofrequency (RF) exposure from wireless devices *and* reports of hypersensitivity and disease due to EMF and RF exposure in the last 5 years.
- Multiple studies correlate EMF and RF exposure with the following:
 - Neurological disease - Parkinson's, Alzheimer's, Lou Gehrig's disease, headaches, dizziness, ADD, anxiety, depression, sleep disorders, fatigue, tremors, unconsciousness, memory loss, autonomic nervous system dysfunction, paresthesias, visual disruption
 - Cardiac disease - Arrhythmia, tachycardia, edema, flushing
 - Lung disease - chest tightness, difficulty breathing, decreased lung function
 - Reproductive disorders, genetic defects, cancer
 - Immune dysfunction
 - Electromagnetic Hypersensitivity
 - Musculoskeletal effects - pain, muscle spasm
 - Gastrointestinal effects
 - Dermal effects - itching, burning, pain
- Electromagnetic Hypersensitivity has been documented in controlled, double blinded trials.
- EMF and RF fields act over long distances, imprinting the body with these fields, creating long lasting, adverse health effects.
- The interaction of electromagnetic fields and human bodies has long range effects, which cannot be shielded.
- The human body is affected by the magnetic vector component of the electromagnetic field, which cannot be shielded.
- Understanding is needed that Electromagnetic Hypersensitivity is a growing world wide problem.
- Accommodation for health conditions regarding EMF and RF exposure are needed.
- Control of this electrical environment is needed to protect society.
- Safer technology is needed.
- Independent studies are needed to understand health effects from EMF and RF exposure.
- Immediate caution on Smart Meter installation is needed.

References available in the full AAEM position paper:
http://aaemonline.org/emf_rf_position.html

Submitted by Amy L. Dean, DO, FAAEM



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De Rodgers Fox

American Academy of Environmental Medicine Recommendations Regarding Electromagnetic and Radiofrequency Exposure

Physicians of the American Academy of Environmental Medicine recognize that patients are being adversely impacted by electromagnetic frequency (EMF) and radiofrequency (RF) fields and are becoming more electromagnetically sensitive.

The AAEM recommends that physicians consider patients' total electromagnetic exposure in their diagnosis and treatment, as well as recognition that electromagnetic and radiofrequency field exposure may be an underlying cause of a patient's disease process.

Based on double-blinded, placebo controlled research in humans,¹ medical conditions and disabilities that would more than likely benefit from avoiding electromagnetic and radiofrequency exposure include, but are not limited to:

- Neurological conditions such as paresthesias, somnolence, cephalgia, dizziness, unconsciousness, depression
- Musculoskeletal effects including pain, muscle tightness, spasm, fibrillation
- Heart disease and vascular effects including arrhythmia, tachycardia, flushing, edema
- Pulmonary conditions including chest tightness, dyspnea, decreased pulmonary function
- Gastrointestinal conditions including nausea, belching
- Ocular (burning)
- Oral (pressure in ears, tooth pain)
- Dermal (itching, burning, pain)
- Autonomic nervous system dysfunction (dysautonomia).

Based on numerous studies showing harmful biological effects from EMF and RF exposure, medical conditions and disabilities that would more than likely benefit from avoiding exposure include, but are not limited to:

- Neurodegenerative diseases (Parkinson's Disease, Alzheimer's Disease, and Amyotrophic Lateral Sclerosis).²⁻⁶
- Neurological conditions (Headaches, depression, sleep disruption, fatigue, dizziness, tremors, autonomic nervous system dysfunction, decreased memory, attention deficit disorder, anxiety, visual disruption).⁷⁻¹⁰
- Fetal abnormalities and pregnancy.^{11,12}
- Genetic defects and cancer.^{2,3,13-19}
- Liver disease and genitourinary disease.^{12,20}

Because Smart Meters produce Radiofrequency emissions, it is recommended that patients with the above conditions and disabilities be accommodated to protect their health. The AAEM recommends: that no Smart Meters be on these patients' homes, that Smart Meters be removed within a reasonable distance of patients' homes depending on the patients' perception and/or symptoms, and that no collection meters be placed near patients' homes depending on patients' perception and/or symptoms.

Submitted by: Amy L. Dean, DO and William J. Rea, MD

Approved July 12, 2012 by the Executive Committee of the American Academy of Environmental Medicine

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November 21, 2013

From: Lana Waldorf
30765 Timberbrook Lane
Bingham Farms, MI 48025
(248) 644-0763

To: Representative Gail Haines
N-892 House Office Building
P.O. Box 30014
Lansing, MI 48909

Dear Representative Haines,

I am a 56 year-old woman who last year suddenly developed nighttime leg twitches, sleeplessness, and throughout the day heart palpitations. These symptoms were extremely disconcerting given my overall good health and that I am under the medical care of Dr. Amy Dean.

Upon investigation at my home (a condominium), I discovered three Smart Meters installed directly outside my living room window, which is also below my bedroom. The heart irregularity was severe therefore Dr. Dean suggested I see a heart specialist. I did so and after wearing a heart monitor was diagnosed with premature ventricular contractions with trigeminy.

After numerous conversations with Detroit Edison, my Smart Meter was removed and believed I was receiving an analog meter. Much to my surprise, I did not! They installed a digital meter, which I will soon ask to be removed and replaced with an analog meter. I would like the right to have an analog meter.

After removal of the Smart Meter the leg twitches completely stopped, the heart irregularity is greatly decreased, and I sleep better.

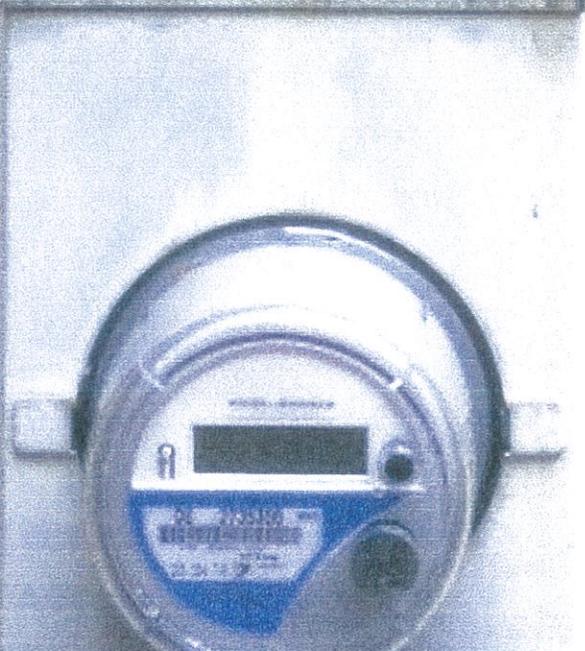
There is no doubt the Smart Meters adversely affected my health causing the aforementioned leg twitches, heart irregularities, and sleeplessness. I request The Health Policy Committee hold hearings on the health effects of Smart Meters. I would gladly testify and share my story.

Very truly,



Lana Waldorf

YOUR ELECTRIC SERVICE



I have
two Smart
Meters!

CANCER & LEUKEMIA CENTER

Adil Akhtar, M.D.

George Howard, M.D.

Patricia Zappa, M.D.

Nellynn Hatch, PA-C

LETTER

The Honorable Gail Haines
N-892 House Office Building
PO Box 30014
Lansing, MI 48909

December 2, 2013

Re: Carole Garcia
DOB: 08/25/1956

Dear Representative Haines,

Ms. Garcia is a very pleasant 57-year-old patient in my practice who I care for. She has stem cell clonal disorder. She relates most of her health symptoms to the installation of smart meters placed in her home. She is requesting replacement of her smart meter within the old analog meter.

Based on her history, Ms. Garcia has significant symptomatology since installation of her smart meter, and based on evidence in the community, certain health problems have been showing up with increasing frequency.

If you have any further questions, please do not hesitate to call me in my office listed on letterhead above.

Sincerely,



George Howard, M.D.

GH:cti:GarciaC1202_8535481021213165649177
DOD: 12/02/13
DOT: 12/03/13

January 13, 2013

The Honorable Gail Haines
N-892 House Office Building
PO Box 30014
Lansing, MI 48909

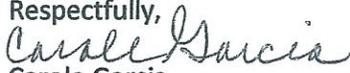
Dear Representative Haines,

The US Department of Energy says wireless smart meters are not mandatory. When I moved into my condo at 1493 Carriage Lane, Rochester Hills, MI, a year ago to be closer to my son I never knew what a Smart Meter was until my health started to decline. I have health issues from the two meters that are on the back of my condo bedroom wall! There is a constant humming noise in my home and the meters are pulsating every fifteen seconds. I was healthy before being subjected to DTE/AMI Smart meters. I have every right to have the two Analog meters put back on my condo in defense of my health.

My doctors are well aware of this and my doctor wants the two Smart Meters removed off my condo as soon as possible and the Analog Meters put back on. *Representative Haines I am pleading for your help! Please hold hearings through the Health Policy Committee regarding smart meter safety and support my right to have my analog meter. Why should healthy citizens have to get deadly sick just so DTE/AMI can get rich; this is a crime! As a voting citizen I am desperately asking for your help to get the two Analog meters put back on my condo at once before I get sicker, these Smart Meters are making me deadly sick!!* I was healthy before being subjected to DTE/AMI Smart Meters. My symptoms are shown below since moving into my condo last October 2012.

I have titanium in my body which the smart meters and EMF is affecting immensely. My body is in severe pain, my head feels like it's being squeezed through a press, I have severe headaches, bloody noses, dizziness, nausea, vertigo, chills, fatigue, chest palpitations, blurred vision, as a matter of fact within one year my left eye has declined tremendously according to my eye doctor. My body aches all over especially my arm and now my legs. Representative Haines I am pleading for your help, I have every right to have the two Analog meters put back on my condo in defense of my health, home, and my privacy, especially now that it is affecting my health like it is.

"Please help ratepayers like myself who are experiencing adverse health effects." I was misled by DTE Energy/AMI, I perceived an Opt-Out would mean getting my Analog meter back but DTE Energy defrauded me. I am seeking your help in retrieving my analog meters back as well as others in apartments or condos like myself, who suffer from these dangerous healths declining Smart Meters, so that we can live in good health and prosperity for the future. I can be reached at (248) 909-8011.

Respectfully,

Carole Garcia
1493 Carriage Lane
Rochester Hills, MI 48306


LEGETTE TARVER OAKS JR.
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 19, 2017
ACTING IN COUNTY OF WAYNE

January 06, 2014

Carole Garcia
1493 Carriage Lane
Rochester Hills, MI 48306

Certified U.S. Postal Mail

Mr. Robert Sitkauskus (AMI)
One Energy Plaza
Detroit, MI 48226-1221

**NOTICE OF NO CONSENT TO TRESPASS, SURVEILLANCE AND RADIATION
POLLUTION, NOTICE OF LIABILITY, ADHESION CONTRACT**

Dear Mr. *Robert Sitkauskus, (AMI)* and all agents, officers, employees, contractors and interested parties,

In regard to your possible intention to install a "Smart Meter" or other digital utility meter at the above address, those meters violate the law and cause endangerment to users and the public due to the following factors:

- 1) They individually identify electrical devices and record when they are operated causing invasion of privacy.
- 2) They monitor household activity and occupancy in violation of rights of domestic privacy.
- 3) They transmit wireless signals which are interceptable by unauthorized and distant parties.
- 4) No power company or other individual or agency has consent to conduct surveillance or monitoring or to emit radiation (EMR) on our property with a digital meter.
- 5) Data about occupant's daily habits and activities are collected by digital meters, recorded and stored in permanent databases which are accessed by parties not authorized or invited to know and share that private data.
- 5) Those with access to the data can review a permanent history of household activities taken and viewed unlawfully and without the consent of occupants and subjects of the surveillance.
- 6) Those databases may be shared with, or fall into the hands of unauthorized law enforcement, private hackers of wireless transmissions and other unidentified parties for use against the interests of the energy subscribers and the occupants of the structures.
- 7) "Smart Meters" are, by definition surveillance devices which violate Federal and State wiretapping laws by recording and storing databases of private and personal activities and behaviors recorded without the consent or knowledge of those people who are monitored.
- 8) It is possible for example, with analysis of certain "Smart Meter" data, for

unauthorized and distant parties to determine medical conditions, sexual activities, and physical locations of persons within the home, vacancy patterns, general affluence, trade secrets and personal habits of occupants.

9) Digital meters cause, by intentional transmission and/or incidental disruption of house current, cancer-causing electromagnetic radiation to be emitted in proximity of the installed location and property in violation of laws against public endangerment, assault and commission of bodily harm.

10) Digital Meters are designed to transmit using electromagnetic radiation known to cause **cancer and many other diseases, illnesses and symptoms.**

For the above reasons, and by right of occupancy and property ownership, I prohibit, and deny consent of, any installation and use of any monitoring, eavesdropping, surveillance and radiation emitting devices on my property and place of residence, especially in the form of an electric meter. Any attempt to install any such device directed at me or other occupants on my property or residence will constitute trespass, stalking, wiretapping and assault, all prohibited and punishable by law through criminal and civil actions.

All persons, government agencies and private organizations responsible for installing or operating monitoring devices, which I consider to be unlawful, will be fully liable for major financial and compliance claims and demands in excess of one million dollars. This is legal notice. The liabilities and obligations listed above are true and binding upon all parties upon delivery of this notice. These terms and conditions apply without regard to status or existence of any "opt-out" contract.

Utility service may not be denied for refusal of unlawful conduct by the utility company or for any act of self-defense.

Under my authority as owner and/or occupant of the above property, and under your implied or expressed application to enter that property, this is an adhesion contract to which you are now bound until and unless you respond with factual rebuttal in a sworn statement by an authorized and identified party within 21 days of this delivery. Any rebuttal must show your authority to install an unlawful radiation-emitting surveillance device (digital electric "meter") on my property without my consent. Expect rebuttal to any such claim. Any failures to timely show and prove full any binding authority to install the unlawful and harmful device on my property and/or place of occupancy will be agreement with all terms and conditions herein. We deny and refuse any past, present and future proposal, offer, demand or claim contrary to any terms or conditions herein. Notice to principle is notice to agent and notice to agent is notice to principal. All rights reserved.

Respectfully,

Carole Garcia

Carole Garcia

Legette Tarver Oaks Jr.

LEGETTE TARVER OAKS JR.
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 19, 2017
ACTING IN COUNTY OF WAYNE

November 13, 2013

1493 Carriage Ln.

Rochester Hills, MI 48306

Mr. Robert E. Sitkauskus

DTE

One Energy Plaza

Detroit, MI 48226-1221

DTE,

The US Department of Energy says wireless smart meters are not mandatory. This is my third letter sent to you. I was never informed by DTE or authorized DTE to install smart meters on my property at 1493 Carriage Ln. I am **demanding** that you remove **your two** smart meters off the back of my property and put the old Analog meters back on. I am giving you 14 days to do this, if it is not done within that time frame I **will be taking further action.**

I have health issues from these two meters! I have titanium in my body which your meters are affecting tremendously. My body is in severe pain, my head feels like its being squeezed in a press, I have severe headaches, bloody noses, dizziness, nausea, chills, chest palpitations, digestive problems, and blurred vision. Also there is a constant humming noise in my home. I demand that you put my Analog meters back on in defense of my health, home, and my privacy, especially now that it is affecting my health like it is. **My doctors are well aware of this and are requesting that you remove the two meters off the back of my condo as well! I have this in writing! If I can't get this issue resolved immediately I will be holding DTE/AMI fully responsible for my health and medical bills. I demand a written response back.**

Owner,



Carole Garcia

November 12, 2013

1493 Carriage Ln.

Rochester Hills, MI 48306

Mr. Robert E. Sitkauskus Manager

DTE

One Energy Plaza

Detroit, MI 48226-1221

Mr. Robert Sitkauskus,

The US Department of Energy says wireless smart meters are not mandatory. This is my third letter sent to you. I was never informed by DTE or authorized DTE to install smart meters on my property at 1493 Carriage Ln. I am **demanding** that you remove **your two** smart meters off the back of my property and put the old Analog meters back on. I am giving you 14 days to do this, if it is not done within that time frame **I will be taking further action.**

I have health issues from these two meters! I have titanium in my body which your meters are affecting tremendously. My body is in severe pain, my head feels like its being squeezed through a press, I have severe headaches, bloody noses, dizziness, nausea, chills, chest palpitations, digestive problems, and blurred vision. Also there is a constant humming noise in my home. I demand that you put my Analog meters back on in defense of my health, home, and my privacy, especially now that it is affecting my health like it is. **My doctors are well aware of this and are requesting that you remove the two meters off the back of my condo! I have this in writing! If I can't get this issue resolved immediately I will be holding DTE/AMI fully responsible for my health, medical bills, and attorney fees. I demand a written response back.**

Owner,

Carole Garcia

Carole Garcia

LEGETTE TARVER OAKS JR.
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 19, 2017
ACTING IN COUNTY OF *WAYNE*

Legette Tarver Oaks Jr.

11 17 2013

October 28, 2013

1493 Carriage Ln.

Rochester Hills, MI 48306

Mr. Bob Stakikus

DTE

One Energy Plaza

Detroit, MI 48226-1221

Dear Mr. Bob Statius

The US Department of Energy says wireless smart meters are not mandatory. I was never informed by DTE or authorized DTE to install smart meters on my property at 1493 Carriage Ln. I am demanding that you remove your two smart meters off the back of my property and put the old Analog meters back on. I am giving you 21 days to do this, if it is not done within that time frame I will be taking further action.

I have health issues from these two meters! I have titanium in my body which your meters are affecting tremendously. My body is in severe pain, my head feels like its being squeezed in a press, I have severe headaches, bloody noses, dizziness, nausea, chills, chest palpitations, and blurred vision. Also there is a constant humming noise in my home. I have every right to have my Analog meters put back on in defense of my health, home, and my privacy, especially now that it is affecting my health like it is. My doctors are well aware of this and if I can't get these issues resolved I will be holding DTE fully responsible!

Sincerely,



Carole Garcia

LEGETTE TARVER OAKS JR.
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 19, 2017
ACTING IN COUNTY OF WAYNE



January 6, 2013

Attorney General Bill Schuette

P.O. Box 30212

Lansing, MI 48909

Dear Mr. Bill Schuette,

The US Department of Energy says wireless smart meters are not mandatory. When I moved into my condo at 1493 Carriage Lane, Rochester Hills, MI, a year ago to be closer to my son I never knew what a Smart Meter was until my health started to decline.

I have health issues from these two meters! There is a constant humming noise in my home and the meters are pulsating every fifteen seconds. I was healthy before being subjected to DTE/AMI Smart meters. I have every right to have the two Analog meters put back on my condo in defense of my health.

My doctors are well aware of this and my doctors want the two Smart Meters removed off my condo at once and the Analog Meters put back on. Mr. Schuette I am pleading for your help! Why should healthy citizens have to get deadly sick just so DTE/AMI can get rich this is a crime! As a voting citizen I am asking for your help to get the two Analog meters put back on my condo at once before I get sicker, these Smart Meters are making me deadly sick!!

I was misled by DTE Energy I perceived an Opt-Out would mean getting my Analog meter back but DTE Energy defrauded me. I am seeking your help in retrieving my Analog Meter back on my condo which I own to be able to live in good health and prosperity for the future. If you need to contact me I can be reached at 248-909-8011.

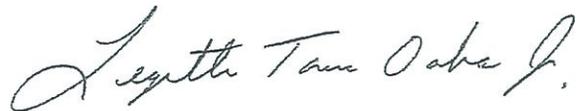
Respectfully,



Carole Garcia

1493 Carriage Lane

Rochester Hills, MI



LEGETTE TARVER OAKS JR.
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 19, 2017
ACTING IN COUNTY OF WAYNE

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Jan 14

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Total Postage & Fees	\$	\$3.56

0608
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JAN 14 2014

Sent To
*Attorney General Bill
Schwartz*
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

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Jan 14

ROMEO PREVENTIVE MEDICINE

James L. Ziobron, D.O., P.C.

71441 VanDyke
Romeo, MI 48065

Phone: (586) 336-3700
Fax: (586) 336-9443

JANUARY 20, 2014

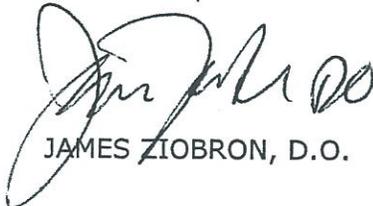
THE HONORABLE GAIL HAINES
N-892 HOUSE OFFICE BUILDING
PO BOX 30014
LANSING MI 48909

RE: CAROLE GARCIA

I HAVE KNOWN CAROLE GARCIA AS A PATIENT SINCE 2010. HER CONCERNS WERE MOSTLY DIGESTIVE PROBLEMS. RECENTLY, SINCE HER EXPOSURE TO SMART METERS, SHE HAS AN ENTIRE SET OF SUDDEN NEW SYMPTOMS: HEADACHES, NAUSEA, VERTIGO, NOSE BLEEDS, BLURRED VISION, AND A FEELING OF ELECTRIC SHOCK, ESPECIALLY IN THE ARM. I FEEL THAT HER RECENT PROBLEMS ARE ALL DUE TO THE SMART METER. CAROLE HAD BEEN IN REASONABLE GOOD HEALTH. THE MAJOR NEW INFLUENCE ON HER HAS BEEN SMART METERS. CAROLE IS AMONG THOSE THAT ARE ELECTROHYPERSENSITIVE (EHS). SOME MEDICAL EXPERTS BELIEVE THAT IT IS THE (EHS) PEOPLE THAT ARE MOST AFFECTED BY SMART METERS. SOME COUNTRIES RECOGNIZE EHS AS A FUNCTIONAL IMPAIRMENT AND THE RESULTANT LEGAL DECISION IN A COURT OF LAW TO AWARD DAMAGES AGAINST UTILITIES. IN ANY EVENT, CAROLE SHOULD HAVE SMART METERS REMOVED AS SOON AS POSSIBLE.

I AM ASKING YOU TO HOLD HEARINGS ON THE SAFETY OF SMART METERS, (NEVER BEEN DONE). I AM ALSO ASKING YOU TO SUPPORT CAROLE'S RIGHT TO AN ANALOG METER BASED ON HEALTH REASONS.

SINCERELY,



JAMES ZIOBRON, D.O.



The American Academy of Environmental Medicine Position Paper on EMFs and RF; Calls for a Moratorium on Smart Meter Deployment

This page last updated April 23, 2012.

On April 12, 2012, the American Academy of Environmental Medicine, based in Wichita, Kansas, issued a position paper on the potential hazards of electromagnetic and radiofrequency fields on human health.

From their website, "The American Academy of Environmental Medicine was founded in 1965, and is an international association of physicians and other professionals interested in the clinical aspects of humans and their environment. The Academy is interested in expanding the knowledge of interactions between human individuals and their environment, as these may be demonstrated to be reflected in their total health. The AAEM provides research and education in the recognition, treatment and prevention of illnesses induced by exposures to biological and chemical agents encountered in air, food and water."

The Academy's paper, entitled, "American Academy of Environmental Medicine; Electromagnetic and Radiofrequency Fields Effect on Human Health," highlights the effects of wireless devices and smart meters, particularly from "non-thermal RF exposure." It identifies a little-known and much misunderstood but growing segment of the human population, namely those calling themselves "electrically hypersensitive."

The paper also calls for a moratorium on smart meter installation; for independent studies on the adverse effect of EMFs and RF on individual and societal health; and a return to the use of safer technologies, including hardwired and fiber optic lines for the transmission of voice and data communications.

The position paper begins by stating, "For over 50 years, the American Academy of Environmental Medicine (AAEM) has been studying and treating the effects of the environment on human health. In the last 20 years, our physicians began seeing patients who reported that electric power lines, televisions and other electrical devices caused a wide variety of symptoms. By the mid 1990's, it became clear that patients were adversely affected by electromagnetic fields and becoming more electrically sensitive. In the last five years with the advent of wireless devices, there has been a massive increase in radiofrequency (RF) exposure from wireless devices as well as reports of hypersensitivity and diseases related to electromagnetic field and RF exposure. Multiple studies correlate RF exposure with diseases such as cancer, neurological disease, reproductive disorders, immune dysfunction, and electromagnetic hypersensitivity."

To view the entire position paper, click [here](#).

To view the April 12, 2012 Academy press release, entitled, "The American Academy of Environmental Medicine Calls for Immediate Caution regarding Smart Meter Installation," which includes the seven-page position paper, click [here](#).

From the press release: "The American Academy of Environmental Medicine today released its position paper on electromagnetic field (EMF) and radiofrequency (RF) health effects calling for immediate caution regarding smart meter installations. Citing several peer-reviewed scientific studies, the AAEM concludes that 'significant harmful biological effects occur from non-thermal RF exposure' showing causality. The AAEM also expresses concern regarding significant, but poorly understood quantum field effects of EMF and RF fields on human health. "More independent research is needed to assess the safety of "Smart Meter" technology,' said Dr. Amy Dean, board certified internist and President-Elect of the AAEM. 'Patients are reporting to physicians the development of symptoms and adverse health effects after "Smart Meters" are installed on their homes. Immediate action is necessary to protect the public's health.'"

A companion piece was issued on May 27, 2011 by the The Parliamentary Assembly of the 47-member Council of Europe. The Council passed a resolution on recommending sweeping

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posure Guidelines

Video and Audio Clips
Cell Phone Risks

changes to the way cell phones are used, how they are marketed, and how safe exposure limits are determined. The resolution is entitled, "The potential dangers of electromagnetic fields and their effect on the environment," and it covers the effects of EMF fields on human health. The direct link to the Council's resolution is [here](#).

Program on the Radio
Program on Video

Likewise, a group of physicians in Switzerland calling themselves, "Physicians for the Environment" (MfE), passed a similar resolution on March 22, 2012, entitled, "Mobile Telephony : MfE requests stricter limit values." The resolution states, "The International Agency for Research on Cancer (IARC) considers the waves emitted by wireless communication 'possibly carcinogenic'. According to the IARC, the risk of cancer for this type of radiation is thus similar to that of the insecticide DDT, rightly banned. Physicians for the Environment (MfE) is concerned that the limit values expected to protect the Swiss population, notably vulnerable groups such as children and pregnant women, constitute insufficient protection. In a communication sent to the Federal Assembly, MfE thus requests strict application of the principle of precaution and - in view of the risk of cancer - lower limit values." The press release is presented in English [here](#) and [here](#).

Peer Research
Publications

To read an article on the same subject entitled, "Electromagnetic Hypersensitivity: Evidence for a Novel Neurological Syndrome," click [here](#). This study was conducted by [Andrew Marino, PhD](#) and his team at the Department of Neurology, LSU Health Sciences Center, Louisiana State University, Shreveport, Louisiana.

Broken CFL Cleanup
Guidelines (CFLs
Contain Mercury)

WiFi Reports

Home Selection
Criteria for the
Electromagnetically-Sensitive

As further evidence of the potentially harmful effects of exposure to low levels of EMFs and radiofrequencies, read an excellent review entitled, "The Biological Effects of Weak Electromagnetic Fields," by clicking [here](#). The review is dated March 2012 and was written by Andrew Goldsworthy.

How Building
Projects

Comments from New
Building and
Modeling Clients

Comprehensive summaries of research studies conducted on the adverse health effects from exposure to wireless communication devices have been created by Elizabeth Barris of the [American Association For Cell Phone Safety](#) and the [The People's Initiative](#) in Santa Monica, California. Liz can be reached at (310) 828-6808 or (310) 281-9639. These documents can be downloaded directly from Liz's websites above, and they can also be downloaded through the links listed below.

How Building
Manual

Comments from
Readers

These research summaries include:

- [Scientific papers that show reason for concern regarding cell-phone use](#)
- [Ten examples of cell-phone studies showing effects at levels below 1.6 W/kg, or current US SAR cell phone safety standards](#)
- [The Legislator's Guide to Warning Labels on Cell Phones and the Layman's Guide to the Science Behind Non-thermal Effects from Wireless Devices and Infrastructure.](#)
- [GAO recommendation on RF exposures in the US](#)

Questions and
Answers from Clients

Principles of
Eco-biologie

In regards to the last reference, read the June 1, 2011 [Letter to The Comptroller General of the United States, U.S. Government Accountability Office \(GAO\), sent from U.S. Representatives Edward Markey, Henry Waxman, and Anna Eshoo.](#)

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ECOLOGICAL INTERNAL MEDICINE, PLLC

Amy L. Dean, D.O.

November 26, 2013

The Honorable Gail Haines
PO Box 30014
Lansing, MI 48909-7514

Dear Representative Haines:

I am writing on behalf of my patient, Linda Hintz. Ms. Hintz. has been my patient since 2007. During a follow-up appointment on August 13, 2012, she reported onset of several new symptoms following installation of a smart meter on her home. She reported significant insomnia, fatigue, muscle and joint pain, agitation, and cognitive impairment. All symptoms began following installation of the smart meter on her home and did not exist prior.

The radiofrequency emitting portion of her meter has since been turned off, which resulted in resolution of her symptoms.

Ms. Hintz is one of many patients that environmental physicians see on a daily basis experiencing adverse health reactions after a smart meter is installed on their home. Based on the current scientific research, I have no doubt that Ms. Hintz sleep disturbance, fatigue, muscle and joint pain, agitation, and cognitive impairment are a direct result of smart meter emissions – a prime example of the cause and effect principle.

Recently, a 92 case series from Dr. Federica Lamech of Australia was submitted to the American Academy of Environmental Medicine. It confirms what patients are reporting to their physicians: increased sleep disturbance, fatigue, cognitive impairment and other health effects. These are all symptoms Ms. Hintz developed after a smart meter was installed on her home.

Enclosed for your review are: 1) the American Academy of Environmental Medicine position paper summary, 2) the AAEM medical recommendations regarding electromagnetic frequency (EMF) and radiofrequency (RF) exposure, and 3) the recent AAEM letter regarding the Smart Meter Case Series.

It is imperative that the adverse health effects are recognized and that Ms. Hintz's health is protected. She is one of many patients in Michigan and around the country that are experience symptoms as a direct result of exposure to smart meter emissions. It is also important that she has the right to have an analog meter on her home to create an electrically safe environment free from EMF and RF emissions.

ECOLOGICAL INTERNAL MEDICINE, PLLC

Amy L. Dean, D.O.

Also recently, based on the new Australian research, the AAEM has called for a moratorium on smart meters and accommodation for health considerations. AAEM also called for avoidance of smart meter EMF and RF emissions based on health conditions and the right for patients to have an analog meter.

I urge you and the House Health Policy Committee to seriously consider having hearings on the adverse health effects of smart meters. I also ask that you and the Health Policy Committee support the right for Ms. Hintz and other Michigan residents to have an analog meter to protect their health as other states have done for their citizens.

Respectfully,



Amy L. Dean, DO, FAAEM, DABEM, DAOBIM
Immediate Past President
American Academy of Environmental Medicine
DrAmyDean@gmail.com



American Academy of Environmental Medicine

6505 E Central • Ste 296 • Wichita, KS 67206

Tel: (316) 684-5500 • Fax: (316) 684-5709

www.aaemonline.org

Electromagnetic and Radiofrequency Fields Effects on Human Health Position Paper Summary

Executive Committee

President

Amy L. Dean, D.O., FAAEM
1955 Pauline Blvd Ste 100D
Ann Arbor, MI 48103

President-Elect

Janette Hope, M.D., FAAEM
304 W Los Olivos
Santa Barbara, CA 93105

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Ottawa, Ontario, Canada

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8220 Walnut Hill Ln Ste 404
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Immediate Past President

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Derek Lang, D.O.
Allan D. Lieberman, M.D., FAAEM
Lisa Nagy, M.D.
Kalpana D. Patel, M.D., FAAEM

Continuing Medical Education

Chair

James W. Willoughby, II, D.O.
24 Main St.
Liberty, MO 64068

Assistant-Chair

Wm. Alan Ingram, M.D.
18015 Oak St Ste B
Omaha, NE 68130

- AAEM has been studying and treating the effects of the environment on health for over 50 years.
- AAEM physicians have been seeing patients who are symptomatic from electromagnetic frequency (EMF) exposure for more than 20 years.
- There has been a massive increase in radiofrequency (RF) exposure from wireless devices *and* reports of hypersensitivity and disease due to EMF and RF exposure in the last 5 years.
- Multiple studies correlate EMF and RF exposure with the following:
 - Neurological disease - Parkinson's, Alzheimer's, Lou Gehrig's disease, headaches, dizziness, ADD, anxiety, depression, sleep disorders, fatigue, tremors, unconsciousness, memory loss, autonomic nervous system dysfunction, paresthesias, visual disruption
 - Cardiac disease - Arrhythmia, tachycardia, edema, flushing
 - Lung disease - chest tightness, difficulty breathing, decreased lung function
 - Reproductive disorders, genetic defects, cancer
 - Immune dysfunction
 - Electromagnetic Hypersensitivity
 - Musculoskeletal effects - pain, muscle spasm
 - Gastrointestinal effects
 - Dermal effects - itching, burning, pain
- Electromagnetic Hypersensitivity has been documented in controlled, double blinded trials.
- EMF and RF fields act over long distances, imprinting the body with these fields, creating long lasting, adverse health effects.
- The interaction of electromagnetic fields and human bodies has long range effects, which cannot be shielded.
- The human body is affected by the magnetic vector component of the electromagnetic field, which cannot be shielded.
- Understanding is needed that Electromagnetic Hypersensitivity is a growing world wide problem.
- Accommodation for health conditions regarding EMF and RF exposure are needed.
- Control of this electrical environment is needed to protect society.
- Safer technology is needed.
- Independent studies are needed to understand health effects from EMF and RF exposure.
- Immediate caution on Smart Meter installation is needed.

References available in the full AAEM position paper:
http://aaemonline.org/emf_rf_position.html

Submitted by Amy L. Dean, DO, FAAEM



American Academy of Environmental Medicine

6505 E Central • Ste 296 • Wichita, KS 67206

Tel: (316) 684-5500 • Fax: (316) 684-5709

www.aaemonline.org

Electromagnetic and Radiofrequency Fields Effects on Human Health Position Paper Summary

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- Independent studies are needed to understand health effects from EMF and RF exposure.
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References available in the full AAEM position paper:
http://aaemonline.org/emf_rf_position.html

Submitted by Amy L. Dean, DO, FAAEM



American Academy of Environmental Medicine

6505 E Central • Ste 296 • Wichita, KS 67206
Tel: (316) 684-5500 • Fax: (316) 684-5709
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Smart Meter Case Series

Executive Committee

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Omaha, NE 68130

Founded in 1965 as a non-profit medical association, the American Academy of Environmental Medicine (AAEM) is an international organization of physician and scientists interested in the complex relationship between the environment and health.

AAEM physicians and physicians world-wide are treating patients who report adverse, debilitating health effects following the installation of smart meters, which emit electromagnetic frequencies (EMF) and radiofrequencies (RF).

The peer reviewed, scientific literature demonstrates the correlation between EMF/RF exposure and neurological, cardiac, and pulmonary disease as well as reproductive disorders, immune dysfunction, cancer and other health conditions. The evidence is irrefutable. Despite this research, claims have been made that studies correlating smart meter emissions with adverse health effects do not exist.

The AAEM has received a case series submitted by Dr. Federica Lamech, MBBS, *Self-Reporting of Symptom Development from Exposure to Wireless Smart Meters' Radiofrequency Fields in Victoria*. AAEM supports this research. It is a well documented 92 case series that is scientifically valid. It clearly demonstrates adverse health effects in the human population from smart meter emissions.

The symptoms reported in this case series closely correlate not only with the clinical findings of environmental physicians, but also with the scientific literature. Many of the symptoms reported including fatigue, headaches, heart palpitations, dizziness and other symptoms have been shown to be triggered by electromagnetic field exposure under double blind, placebo controlled conditions. Symptoms in this case series also correlate with the Austrian Medical Association's Guidelines for the Diagnosis and Treatment of EMF Related Health Problems.

It is critically important to note that the data in this case series indicates that the "vast majority of cases" were not electromagnetically hypersensitive until *after* installation of smart meters. Dr. Lamech concludes that smart meters "may have unique characteristics that lower people's threshold for symptom development".

This research is the first of its kind, clearly demonstrating the correlation between smart meters and adverse health effects.

Based on the findings of this case series, AAEM calls for:

- Further research regarding smart meter health effects
- Accommodation for health considerations regarding smart meters.
- Avoidance of smart meter EMF/RF emissions based on health considerations, including the option to maintain analog meters.
- A moratorium on smart meters and implementation of safer technology
- Physicians and health care providers to consider the role of EMF and RF in the disease process, diagnosis and treatment of patients.

Passed by the Board of Directors of the American Academy of Environmental Medicine October 23, 2013

Please note: Smart Meter case series research to be released upon publication



American Academy of Environmental Medicine

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De Rodgers Fox

American Academy of Environmental Medicine Recommendations Regarding Electromagnetic and Radiofrequency Exposure

Physicians of the American Academy of Environmental Medicine recognize that patients are being adversely impacted by electromagnetic frequency (EMF) and radiofrequency (RF) fields and are becoming more electromagnetically sensitive.

The AAEM recommends that physicians consider patients' total electromagnetic exposure in their diagnosis and treatment, as well as recognition that electromagnetic and radiofrequency field exposure may be an underlying cause of a patient's disease process.

Based on double-blinded, placebo controlled research in humans,¹ medical conditions and disabilities that would more than likely benefit from avoiding electromagnetic and radiofrequency exposure include, but are not limited to:

- Neurological conditions such as paresthesias, somnolence, cephalgia, dizziness, unconsciousness, depression
- Musculoskeletal effects including pain, muscle tightness, spasm, fibrillation
- Heart disease and vascular effects including arrhythmia, tachycardia, flushing, edema
- Pulmonary conditions including chest tightness, dyspnea, decreased pulmonary function
- Gastrointestinal conditions including nausea, belching
- Ocular (burning)
- Oral (pressure in ears, tooth pain)
- Dermal (itching, burning, pain)
- Autonomic nervous system dysfunction (dysautonomia).

Based on numerous studies showing harmful biological effects from EMF and RF exposure, medical conditions and disabilities that would more than likely benefit from avoiding exposure include, but are not limited to:

- Neurodegenerative diseases (Parkinson's Disease, Alzheimer's Disease, and Amyotrophic Lateral Sclerosis).²⁻⁶
- Neurological conditions (Headaches, depression, sleep disruption, fatigue, dizziness, tremors, autonomic nervous system dysfunction, decreased memory, attention deficit disorder, anxiety, visual disruption).⁷⁻¹⁰
- Fetal abnormalities and pregnancy.^{11,12}
- Genetic defects and cancer.^{2,3,13-19}
- Liver disease and genitourinary disease.^{12,20}

Because Smart Meters produce Radiofrequency emissions, it is recommended that patients with the above conditions and disabilities be accommodated to protect their health. The AAEM recommends: that no Smart Meters be on these patients' homes, that Smart Meters be removed within a reasonable distance of patients' homes depending on the patients' perception and/or symptoms, and that no collection meters be placed near patients' homes depending on patients' perception and/or symptoms.

Submitted by: Amy L. Dean, DO and William J. Rea, MD

Approved July 12, 2012 by the Executive Committee of the American Academy of Environmental Medicine

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Linda A. Hintz
31884 Staman Circle
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(248) 471-2315
l.hintz@att.net

November 26, 2013

The Honorable Gail Haines
N-892 House Office Building
P.O. Box 30014
Lansing, MI 48909

Dear Representative Haines:

Some time during the fall of 2011, I received a letter from DTE Energy stating that someone would be out to my home, and our neighborhood, to install a new, updated electrical meter. I don't recall whether the term "smart meter" was used in their correspondence. Within several weeks the new meter was installed.

During the weeks and months that followed, I started experiencing extreme difficulty falling asleep and staying asleep. I have never had sleep difficulties before. I also had increased aches and pains (with no apparent cause), times when my heart felt like it was beating too fast and "brain fog". I thought I was falling apart.

When I next met with my physician, Amy L. Dean, D.O., I described my symptoms. She asked me a series of questions about any changes in my life that could have created all of these symptoms. And, she asked whether a smart meter had been installed on my home. I confirmed that I had a new meter and she told me I needed to get to work to get it off my home and have an analog meter reinstalled. I came home and started doing internet searches relating to health issues associated with smart meters. I was, quite frankly, appalled, to see all of the cases where people all across the country became seriously ill after a smart meter was installed.

After many months and many phone calls to DTE Energy, in July of this year, the wireless portion of this meter was disconnected and my symptoms have abated. In

order to participate in the DTE Opt-Out program, I had to pay a fee of \$67.20 and agree to a higher monthly charge on my electric bill.

I respectfully urge you to hold hearings, through the Health Policy Committee, to thoroughly review the safety of these smart meters. Irrespective of the benefits that DTE claims these meters provide, making a sizeable portion of the population ill is unethical and immoral.

I take responsibility for my life style choices in order to be as healthy as I can be. I don't need my efforts sabotaged by an electrical meter. I ask that you support my right to have an analog meter reinstalled on my home.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Linda A. Hintz". The signature is written in black ink and is positioned to the right of the typed name.

Linda A. Hintz

To whom it concerns,

I have enjoyed the practice of medicine in the state of Michigan for just over thirty years now. Along the way I have become board certified in Family Practice, Allergy and Environmental Medicine. Secondary to developing a passion for Environmental Medicine, I became the American Academy of Environmental Medicine's president in 2006 after a stint on their board. Due to my familiarity with environmentally induced disease, I have treated thousands of patients who have developed allergy and chemical sensitivities. These are illnesses which are becoming more prevalent and better understood as evidenced by the Centers of Disease Control's policy on fragrances in the workplace and the federal government's acceptance of chemical sensitivity as a recognized disability.

Many individuals who become sensitive to the world around them also develop electromagnetic field (EMF) sensitivity and react in untoward ways. EMF sensitivity is also becoming more common and more debilitating. So much so that at one of the recent conferences down in Tampa, the agreement among the lecturers was that it was one of the next environmental crises that mankind would have to contend with in this century. To that end, it is imperative that everyone understands that smart meters add to the electromagnetic burden of everyone and especially those who are already sensitized to EMF.

Smart meters produce a significant amount of electromagnetic field about that which causes a physiologic response. I have treated patients who are sickened by them. Basically, I am strongly opposed to their general use. If there are no working alternatives, there must be an option for patients to easily opt out of the program without penalty (as it would be unfair and immoral to do otherwise). Patients with disabilities should not be subjected forcibly to disease creating situations such as the laws that protect smokers in this state.

If for whatever reason you care to further discuss this issue, I would be happy to do so. Please call or write me at the address below.

Yours to optimal health,



Gerald Natzke DO FAAEM

Past President of the American Academy of Environmental Medicine

Co Founder of the Integrative Medicine Consortium

Expert Witness for the State of Michigan

Asst. Clinical Professor at Michigan State University

January 13, 2014

To Whom It May Concern,

This is to document that I have Electromagnetic Field (EMF) Sensitivity. I experience severe head/ neck , muscle pain and malaise when I am exposed to wireless technology, especially emissions from cell phones and cell towers, cordless phones, wi-fi, and Smart Meters.

I also experience head and neck pain due to EMFs from electrical devices in the home such as when using the electric oven/ stove top burners, and when driving in recent make automobiles due to the electronics.

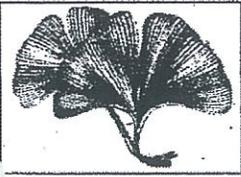
DTE's Opt Out- Smart meter with radio function turned off is not a viable substitute meter because the Opt Out meter still contains the switching mode power supply (SMPS) that runs the digital component of the meter. The SMPS function affects the quality of the electricity by generating sharp spikes of millisecond bursts, continuously on the wiring.

Sincerely,



Karen M. Strode, RPh
1828 Hamlet Dr.
Ypsilanti, MI 48198

CHART REQUEST: YES _____ NO _____
RECEIVED DATE
JAN 15 2014
PT. NOTIFIED: MAIL _____ PHONE _____
BY WHOM: _____ DATE _____



The Downing Clinic, P.C.

Laura Kovalcik, D.O., F.A.C.O.I.
Board Certified - Internal Medicine

September 12, 2013

Re: Pamela Wallace D.O.B. 02/10/63.

To Whom It May Concern:

This letter is concerning my patient Pamela Wallace. She has had unexplained symptoms for many years. If she goes into electronic stores such as Best Buy or if she is exposed to cell phones or microwaves she has an immediate drop in blood sugar, she becomes nauseated and has insomnia. Upon learning about electromagnetic frequencies she has been able to correlate her symptoms to exposure.

Ms. Wallace has been able to limit her symptoms by limiting her exposure. She cannot tolerate a "Smart" meter or Advanced meter on her home or workplace. She must be allowed to have an analog meter.

If you have any questions please do not hesitate to call.

Sincerely;

Laura Kovalcik D.O.

Pamela Bratton Wallace
Andrew Krupp
168 Cloverport Ave.
Rochester Hills, MI. 48307

Thursday January 30, 2014

Dear Representative Gail Haines,

We are writing to request that you hold hearing through the Health Policy Committee regarding the safety of smart meters and also to request your support in creating an- opt out option for Michigan residents from the DTE smart meter program that will allow for residents to retain their analog meters. We request your support in making sure there is immediate hearing on house bill #4315 by Representative McMillin and your support in any other way that is currently in your authority to move forth on this public safety issue.

In our family Pamela experiences very strong physical effects from smart meters, cell phones, wireless Internet and other wireless devises. She experiences sudden drops in her blood sugar, insomnia and nausea to the point of interference in her daily life. As a result to keep healthy our family has to significantly limit our exposer to these things.

Because of the impacts on Pamela's health we have become very well studied in the area of the biological effects of radio frequencies, non- ionizing radiation and power quality associated with smart meters and other wireless technology over the last number of years. We have reviewed many reports from independent scientist all over the world and the concerns about the biological effects from the above- mentioned are not new. The safety of smart meters has not been established and the many of the scientific studies that have been done on them have clearly demonstrated their biological effects on humans Due to this, many scientists worldwide remain very concerned about the implementation of smart meters and other wireless programs.

As a result of these studies and the concerns that they have warranted, many states, municipalities and countries all around the world are limiting their smart meters programs and many allow residents to return to use of an analog meter should they wish to. The states include: California, Connecticut, Florida, Georgia, Louisiana, Maryland, Nevada, Oregon, Pennsylvania, Tennessee, Texas, Vermont and Wisconsin. We are requesting that we follow their precedent here in Michigan. Currently in Michigan alone we have 32 counties and municipalities that have passed resolutions or moratoriums against smart meters yet our currently opt-out program does not allow for residents to retain the use of an analog meter- which should be noted is the only meter with a proven track record of being safe for human health.

We appreciate your help in holding a hearing on this issue and your support in attending to this important public safety issue here in Michigan.

Thank you and most sincerely,

Pamela Bratton Wallace, Andrew Krupp

Pamela Bratton Wallace and Andrew Krupp

Rochester Family Medical Center, PC
2710 S. Rochester Road Suite 3 Rochester Hills, MI 48307
Phone: 248-853-9097, Fax: 248-852-0347
Board certified in Internal Medicine

March 13, 2014

To The Honorable Gail Haines

Re: Carol Garcia
DOB- 08-25-1956

Ms. Garcia is a patient of mine here at Rochester Family Medical Center. Carol has been seen in my office for significant medical changes that are unrelated to neurological or medical work up done which has been negative. Some examples of such symptoms are as follows: nausea, headache, vertigo and blurred vision. These symptoms have appeared after the installation of Detroit Edison's Smart Meters. I am therefore requesting that these smart meters be replaced by the analog meters.

If you have any questions please feel free to call my office.

Yours truly,



Dr. G Dhillon.

June 17, 2013

To Whom it May Concern,

I am treating Ida Pardo, a Massachusetts resident who is temporarily residing in Michigan.

I have patients in my case-load whom I have monitored over time, who have experienced adverse health effects following smart meter installation. Symptoms include high-blood pressure, weight gain, unstable blood sugar levels, insomnia, exhaustion and cardiac arrhythmia. We have also found a return of disease like A.D.D. or cancer when smart meters are installed.

Ida Pardo was forced to leave her home in Massachusetts after a bank of wireless utility meters was installed outside her kitchen in Hopkinton, MA. She is living out of state near family members who can assist in her care, while maintaining the expense of a home in Massachusetts, which is uninhabitable for an individual with Electromagnetic Hypersensitivity Syndrome.

When the seven (7) meters were installed on her home in December 2006 she reports that she initially experienced gastrointestinal distress, insomnia and eventually cardiac arrhythmia, shortness of breath, extreme fatigue and exhaustion.

Currently, she spends all day in bed, eats six large meals a day and is losing weight. She is currently living in a house with two smart meters and is doing better than when she was in her home with seven meters.

When she practices prudent avoidance, her symptoms decrease, and when she is subjected to pulsed RF, her condition intensifies. She exhibits heart provocation in the presence of RF, and her survival is at risk due to cumulative exposure to microwave radio frequencies.

She requires the right to opt-out of exposure to RF from wireless utility meters in order to return to live in the home that she owns in Hopkinton.

Sincerely yours,

Darren Schmidt, D.C.

Phone: 734-302-7575.

510 W. Liberty Rd.
Ann Arbor, MI, 48103

Darren Schmidt, D.C.

Debbie Cradit, BS Nutrition

Theresa Childress,
PharmD.

David Vickers, D.C.

Donnie Kelly-Saur, BS
Medical Science

Christina Zumbrink, N.D.



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Joel Vickers, D.C.

Connie Kelly-Saur, BS
Medical Science

Jennifer Zumbrink, N.D

September 30, 2013

To Whom it May Concern,

I am treating Cynthia Bezaire, a Michigan resident and DTE customer.

I have patients in my case load whom I have monitored over time, who have experienced adverse health effects following smart meter installation. Symptoms include high blood pressure, fibromyalgia, weight gain, unstable blood sugar levels, insomnia, exhaustion and cardiac arrhythmia. We have also found a return of disease like A.D.D. or cancer when smart meters are installed. It is a condition that is new in our culture with the rise of wireless devices. Studies show about 3-5% of the population have a noticeable adverse reaction. Up to 50% have symptoms from it but don't know it. 100% have harm to the body when exposed.

Cynthia Bezaire has a dangerously high amount of digital pulsed radio frequency in her condo. This has been brought to her attention by a burning sensation and buzzing in her ears. Unbeknownst to her, the smart meters had been installed. The day after her symptoms appeared, she searched and found the smart meters that had just been installed. She has 24 smart meters within one hundred feet of her living space. The safe distance from a smart meter is 92 feet according to Rob States, M.S., an engineer from MIT and leading expert on digitally pulsed radio frequencies. The levels of radio frequency readings in her living room as measured by an Acoustimeter are considered high according to several international safety limits.

When she leaves her condo the buzzing and heat subside from her ears over the course of two hours. She doesn't experience this in any other location or while driving. The longer she is in her condo, the longer it takes for the symptoms to subside when she leaves.

At night, she does not sleep through the night. She is normally waking up between 3:30 am – 4:30 am regardless of what times she goes to sleep.

Three or four times a week when she wakes up in the middle of the night her heart is noticeably racing. Sometimes she can get back to sleep after a few minutes and sometimes it takes a few hours.

Her well being and survival are at risk due to cumulative exposure to these microwave radio frequencies from the smart meters. This letter verifies that digitally pulsed radio frequencies from the smart meters do cause her condition when looking at her symptomatology.

Sincerely,

Dr. Darren Schmidt D.C

The Honorable Gail Haines
N-892 House Office Building
PO Box 30014
Lansing, MI 48909

April 3, 2014

Dear Representative Haines:

I have been a Michigan resident all my life as well as a proud voter since age 18.

I am writing to ask for your help and support regarding the "smart meters" that Detroit Edison has been installing throughout our state.

I own a condo in Plymouth, MI and DTE installed "banks" of these meters on our buildings back in July. Our buildings are three stories (12-16 units per building) so I have neighbors above and below and on both sides of my condo.

I immediately noticed a loud ringing in my ears the day after they were installed. I called DTE to "opt out" so they would shut off my transmitter but that didn't happen until a few months later. In the meantime my heart would start racing for no apparent reason - while sitting on my couch and in the middle of the night. It's pretty frightening to wake up on a regular basis with your heart racing. Suddenly I am no longer able to sleep through the night and no longer safe in my own home.

My symptoms have not stopped even though DTE later put a note on my door that they did "shut off" the transmitter to my condo. I believe since I am surrounded by other units that DTE transmits to/from that I am still caught in the cross-fire. I borrowed a meter that shows the RF frequency readings these meters emit and they are constantly 40 - 50 times higher than what is shown to be safe for humans INSIDE my home.

I was on track to have my home paid off in 8 years and retire in 10 years. Now I can't stay there - in a home I once loved and planned to keep for the rest of my life.

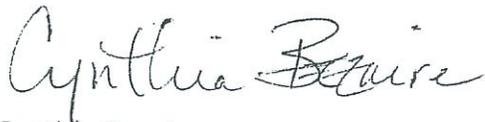
I used to wake up to the sound of birds singing . . . but no more. The birds were gone last summer shortly after the meters were installed and I don't even have spiders on my deck anymore! Not that I would be one to complain about the later . . . however, I am convinced by my own personal experience and the massive amounts of data and research that show these meters are dangerous. There are class action law suits started across our country.

I am currently looking for a new home but that takes time and money - money that was allocated for my retirement . . . not to be foolishly spent on moving expenses that would have never been necessary if our leaders had been paying attention or investigated this before it was allowed to happen.

But you have the power to do something about it now!

I am asking for your support in allowing Michigan residents to have and keep the safe analog meters we once had. What has happened is a disgrace and a danger to everyone. I am begging you . . . please hold hearings through the Health Policy Committee regarding smart meter safety and help us put an end to this.

Gratefully yours,

A handwritten signature in cursive script that reads "Cynthia Bezaire".

Cynthia Bezaire
291 Pinewood Circle
Plymouth, MI 48170

In case you were not aware, here are some more startling facts about the new meters:

- *They are not installed by licensed electricians but by sub-contractors who were trained for only two weeks.
- * The meters have caused thousands of house fires. My father's best friend just had them installed in his neighborhood and two days later he watched his neighbor's house burn to the ground. The fire started at the meter with flames shooting out of it.
- *There is no "UL" (Universal Listing) stamp on the meters. We can't even buy a hair dryer without the UL testing that it is a safe electrical appliance but somehow they are installing these on everyone's home? How is this happening??



August 30, 2013

To Whom it May Concern,

I am treating April Jones, a Michigan resident, DTE customer and disabled person.

I have patients in my case-load whom I have monitored over time, who have experienced adverse health effects following smart meter installation. Symptoms include high-blood pressure, fibromyalgia, weight gain, unstable blood sugar levels, insomnia, exhaustion and cardiac arrhythmia. We have also found a return of disease like A.D.D. or cancer when smart meters are installed. It is a condition that is new in our culture with the rise of wireless devices. Studies show about 3-5% of the population have a noticeable adverse reaction. Up to 50% are affected but don't know it.

April Jones was forced to leave her home after a wireless utility meter was installed outside her home. Her home had a pre-existing mold problem. Recent research by Dr. Dietrich Klinghardt shows that electromagnetic fields, poor power quality and radio frequencies create an increase in the bio toxicity of mold 600 times. Ms. Jones had an increase in her fibromyalgia and fatigue symptoms to such a degree she had to move out.

She moved into a hotel for a temporary period of time until she could find a residence that would not exacerbate her condition.

She found an apartment complex whose manager said they had no smart meters. Once she moved in, her symptoms increased dramatically. April searched around and found 26 smart meters on her floor alone. There are 8 floors so there may be as many as 200 smart meters. The safe distance from one smart meter is 92 feet away. She has been sleeping in her car to avoid exposure.

When she practices prudent avoidance, her symptoms decrease, and when she is subjected to pulsed RF, her condition intensifies. Her well being and survival are at risk due to cumulative exposure to microwave radio frequencies.

This letter is to verify that digitally pulsed radio frequencies do exacerbate her disability condition when looking at her symptomatology. The only accommodation option available is for Ms. Jones to move from the Imperial facility to ameliorate the effects of the disability in order to have the opportunity for residential use and enjoyment.

Sincerely,

Darren Schmidt, D.C.

Phone: 734-302-7575.

Drschmidt@wholisticdoctor.com

www.thenutritionalhealingcenter.com

510 W. Liberty Rd.
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Denise Acton, ND, Lic.
Acupuncture

Donnie Kelly-Saur, BS
Medical Science

Christina Zumbrink, N.D.

Is your Patient:

- Ambulatory (physically and mentally able to exit the community without assistance in an emergency and can ascend or descend stairs if present in any necessary exit path, or because of physical or mental impairment, requires limited assistances, such as the use of walker, wheelchair, cane, prosthetic device or a single verbal command, to exit the residence in an emergency.)
- Non-ambulatory (By reason of physical or mental impairment is unable to exit the residence in an emergency without the assistance of another person.)

DIETS

The regular menu at Watermark Retirement Communities features a wide variety of food, including high fiber foods such as whole grain breads and cereals, fresh fruits, and vegetables. The following diets are offered. *(Please check the diet most suitable for your patient)*

- Regular No added Salt (NAS) No Concentrated Sweets (NCS)
 - Mechanical Soft *(Meat is chopped or ground; raw fruits and salads as tolerated)*
 - Puree *(All food pureed based on menu items offered for above diets)*
- Is a nutritional supplement necessary for your patient Yes No

TUBERCULOSIS SCREENING EVALUATION

Due to state regulations your patient must have a tuberculosis screening within 30 days prior to entering Watermark Retirement Communities. A 2 step is implemented if required by state guidelines/regulations.

TB screening HAS been done this year (Please see Resident File)
(see prior file)

Date and result of most recent Mantoux tuberculin skin test:

a. Date: 6/1/11 b. MM of induration: _____ Lot #: _____

- Check here if previously positive and above information unknown.
- Check here if exhibiting TB like symptoms.

If TB skin test results has any induration or redness, previously positive or if TB like symptoms exist, respond to the following:

a. Date of last chest x-ray evaluation:
 / /

- b. Are chest x-rays suggestive of active TB? Yes No
- c. Were sputum smears collected and analyzed for the presence of acid fast bacilli? Yes No
- d. If # c is YES, were these three consecutive smears negative for AFB? Yes No

Based on the above information, is this individual free of communicable disease? Yes No

Physical Examination

Weight: 159 # Height: 5' / 2" Pulse: 68 Blood Pressure: 150 / 90

Does your patient have any of the following or care needs?

- Ventilator dependency Yes No Comment: _____
- Dermal Ulcers III and IV Yes No Comment: _____
- IV or Injections directly into the vein Yes No Comment: _____

- Airborne infections disease in a Communicable State that requires isolation or special precautions to prevent transmission Yes No Comment: _____
- Psychotropic medications without appropriate Diagnosis and / or treatment plans Yes No Comment: _____
- Naso-gastric tubes Yes No Comment: _____
- Continuous IV therapy Yes No Comment: _____
- Gastric Tubes requiring caring and feeding by care giver staff Yes No Comment: _____
- Is of imminent danger to self or others Yes No Comment: _____
- Requires continuous licensed nurse care Yes No Comment: _____
- Resident's condition is chronic and stable Yes No Comment: _____

Appropriate for: Independent Living Assisted Living Memory Care Skilled Nursing

Date of Physical Exam: 8/27/13

Irene Metro
(Signature of Physician)

Irene C. Metro
(Printed Signature)

34650 5 Mile Rd Ste 100

Livonia, MI 48154

734, 432, 1900
(FAX)

734, 432, 1900
(Telephone)

Thank you for providing the necessary information about your patient. If you have any questions, please call the Resident Care Director.

Plymouth Integrative Medicine Center



36650 Five Mile Rd. Ste. 100
Livonia, MI 48154
www.doctormetro.com

Irene C. Metro, MD
Board Certified Internal Medicine
Integrative Medicine
Fibromyalgia/CFS Specialty

Phone: 734-432-1900
Fax: 734-432-1909



Plymouth Integrative Medicine Center
36650 Five Mile Rd Suite 100
Livonia, MI 48154
Ph: 734-432-1900
Fax: 734-432-1909
Irene C. Metro M.D.



**Imperial Senior Suites
27600 Franklin Rd.
Southfield, MI 48034**

September 26, 2013

Dear Sir/Madam,

April Jones has been a patient of mine since January of 2012. Among multiple others, she carries the diagnoses of Fibromyalgia, Chronic Fatigue Syndrome, Hypertension and Coronary Artery Disease. She has had Fibromyalgia Flares for the last year.

Before entering a contract with Imperial Senior Suites, Ms. Jones asked whether there were smart meters on the property to which they responded no. However, she states that she has had worsening Fibromyalgia symptoms when she was living at Imperial Senior Suites. She finally had to move to her car to avoid the symptoms.

There have been thousands of studies on whether smart meters produce health effects. After viewing many studies there are many people that have had an increase of symptoms when exposed to smart meters, I think it best that she does not stay in a building which has smart meters. Ms. Jones has chemical sensitivities and environmental sensitivities.

Please do not hesitate to call my office with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Irene Metro". The signature is fluid and cursive, with a long horizontal stroke at the end.

Irene C. Metro M.D.



3610 W. Liberty Rd.
Ann Arbor, MI, 48103

Darren Schmidt, D.C.

Kerry Cradit, BS Nutrition

Amanda Childress,
PharmD.

Denise Acton, ND, Lic.
Acupuncture

Connie Kelly-Saur, BS
Medical Science

Jennifer Zumbrink, N.D

August 30, 2013

To Whom it May Concern,

I am treating April Jones, a Michigan resident, DTE customer and disabled person.

I have patients in my case-load whom I have monitored over time, who have experienced adverse health effects following smart meter installation. Symptoms include high-blood pressure, fibromyalgia, weight gain, unstable blood sugar levels, insomnia, exhaustion and cardiac arrhythmia. We have also found a return of disease like A.D.D. or cancer when smart meters are installed. It is a condition that is new in our culture with the rise of wireless devices. Studies show about 3-5% of the population have a noticeable adverse reaction. Up to 50% are affected but don't know it.

April Jones was forced to leave her home after a wireless utility meter was installed outside her home. Her home had a pre-existing mold problem. Recent research by Dr. Dietrich Klinghardt shows that electromagnetic fields, poor power quality and radio frequencies create an increase in the bio toxicity of mold 600 times. Ms. Jones had an increase in her fibromyalgia and fatigue symptoms to such a degree she had to move out.

She moved into a hotel for a temporary period of time until she could find a residence that would not exacerbate her condition.

She found an apartment complex whose manager said they had no smart meters. Once she moved in, her symptoms increased dramatically. April searched around and found 26 smart meters on her floor alone. There are 8 floors so there may be as many as 200 smart meters. The safe distance from one smart meter is 92 feet away. She has been sleeping in her car to avoid exposure.

When she practices prudent avoidance, her symptoms decrease, and when she is subjected to pulsed RF, her condition intensifies. Her well being and survival are at risk due to cumulative exposure to microwave radio frequencies.

This letter is to verify that digitally pulsed radio frequencies do exacerbate her disability condition when looking at her symptomatology. The only accommodation option available is for Ms. Jones to move from the Imperial facility to ameliorate the effects of the disability in order to have the opportunity for residential use and enjoyment.

Sincerely,
Darren Schmidt, D.C.
Phone: 734-302-7575.

Drschmidt@wholisticdoctor.com www.thenutritionalhealingcenter.com



SOCIAL SECURITY ADMINISTRATION

Refer To: 365-66-7428

Office of Disability Adjudication and Review
SSA ODAR
Chicago NHC
15th Floor
200 West Adams
Chicago, IL 60606

Date: July 26, 2013

April Lethia Jones
28311 Franklin Rd
Apt C236
Southfield, MI 48034

Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

Time Limit To File An Appeal

You must file your written appeal within 60 days of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

DECISION

IN THE CASE OF

CLAIM FOR

April Lethia Jones
(Claimant)

Period of Disability and Disability Insurance
Benefits

(Wage Earner)

365-66-7428
(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

This case is before the undersigned on a request for hearing dated November 7, 2012 (20 CFR 404.929 *et seq.*). On July 9, 2013, the undersigned held a video hearing (20 CFR 404.936(c)). The claimant appeared in Detroit, MI, and the undersigned presided over the hearing from Chicago, IL. Michael A Klein, an impartial vocational expert, also appeared at the hearing via telephone. The claimant is represented by Michelle Gottesman, an attorney.

The claimant is alleging disability since January 25, 2012.

ISSUES

The issue is whether the claimant is disabled under sections 216(i) and 223(d) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

There is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. The claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through December 31, 2016. Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful review of the entire record, the undersigned finds that the claimant has been disabled from January 25, 2012, through the date of this decision. The undersigned also finds that the insured status requirements of the Social Security Act were met as of the date disability is established.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is

See Next Page

disabled (20 CFR 404.1520(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the undersigned must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, she is not disabled regardless of how severe her physical or mental impairments are and regardless of her age, education, or work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the undersigned must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. If the claimant does not have a severe medically determinable impairment or combination of impairments, she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, the undersigned must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, and 404.1526). If the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 404.1509), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the undersigned must first determine the claimant's residual functional capacity (20 CFR 404.1520(e)). An individual's residual functional capacity is her ability to do physical and mental work activities on a sustained basis despite limitations from her impairments. In making this finding, the undersigned must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e) and 404.1545; SSR 96-8p).

Next, the undersigned must determine at step four whether the claimant has the residual functional capacity to perform the requirements of her past relevant work (20 CFR 404.1520(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b) and 404.1565). If the claimant has the residual functional capacity to do her past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g)), the undersigned must determine whether the claimant is able to do any other work considering her residual functional capacity, age, education, and work experience. If the claimant is able to do other work, she is

not disabled. If the claimant is not able to do other work and meets the duration requirement, she is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g) and 404.1560(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:

1. The claimant's date last insured is December 31, 2016.
2. The claimant has not engaged in substantial gainful activity since January 25, 2012, the alleged onset date (20 CFR 404.1520(b) and 404.1571 *et seq.*).
3. The claimant has the following severe impairment: fibromyalgia (20 CFR 404.1520(c)).
4. The claimant does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525 and 404.1526).
5. The claimant has the residual functional capacity to perform light work as defined in 20 CFR 404.1567(b) except the claimant is limited to occasionally climbing, crouching, crawling, stooping and kneeling; she is limited to unskilled and simple work that will allow her to be off task more than twenty percent of the workday.

In making this finding, the undersigned considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and SSRs 96-4p and 96-7p. The undersigned has also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and SSRs 96-2p, 96-6p and 06-3p.

The claimant alleges an onset of disability date of January 25, 2012. At the initial level, the Social Security Administration determined the claimant to be disabled as of September 22, 2012, three months prior to her fifty-fifth birthday due to her fibromyalgia and other impairments limiting her to work at a less than light exertional demand. At the initial level, the claimant was determined to have the residual functional capacity to perform light work activity with occasional climbing, balancing, crouching, crawling, stooping and kneeling and that was simple and unskilled. Accordingly, based on a non-mechanical application of the Medical-Vocational Guidelines, the claimant was determined to be disabled under Grid Rule 202.06 as of September 22, 2012, three months prior to the claimant obtaining the age 55 (Exhibit 2A; exhibit 6B). However, her application for disability benefits was denied from her alleged onset date of January 25, 2012 through her established onset of disability date of September 22, 2012, three

months before her fifty-fifth birthday, based on the Medical-Vocational Guidelines and a determination that she retained the capacity to perform a broad range of work at a light exertional demand.

The claimant appeals this determining, arguing that a finding of disability is appropriate beginning on her alleged onset date, not the date of onset established at the initial level. She argues that she was unable to sustain even light work activity as of her alleged onset date due to fatigue, low energy, balance problems and sensory deficits. She argues that prior to her alleged onset date, she had established a good career. However, her symptoms worsened and she began having difficulty sustaining her work tasks, including being written up for cognitive issues related to her making mistakes at work. The claimant testified that she was having memory difficulties at her employment, as well as severe fatigue and exhaustion. She reported making significant mistakes at work. As a result, she was asked to leave or she would be fired. She testified that she went on leave under the Family Medical Leave Act at the time of her alleged onset date and retired in June 2012 because she was unable to return to work.

After considering the evidence of record, the undersigned finds that the claimant's medically determinable impairment could reasonably be expected to produce the alleged symptoms, and that the claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are generally credible. The undersigned finds the medical evidence of record supports a determination that the claimant was experiencing disabling symptoms of fibromyalgia as of her alleged onset date and that in addition to the limitations determined by the State agency psychological and medical consultants at the initial level, the claimant's symptoms were of the severity that she was limited to work that would allow her to be off-task over twenty percent of the workday. Accordingly, the undersigned gives some weight to the State agency medical consultant's physical assessment and that State agency psychological consultant's mental assessment, but finds the evidence received at the hearing level, including the claimant's persuasive and credible hearing testimony, shows the claimant to be more limited than determined by the State agency consultants, as her symptoms would cause her to be off-task for significant portions of the workday.

The evidence indicates that the claimant was diagnosed with fibromyalgia by Dr. Metro on January 25, 2012, the claimant's alleged onset date (Exhibit 6F, page 61). The claimant testified that she stopped work at that time. The evidence supports her testimony that prior to her alleged onset date, she had a successful career. A review of her earnings records show the claimant to have substantial and consistent earnings from the United States Court System for over fifteen years (Exhibits 5D – 7D).

On February 2012, the claimant reported that Cymbalta had helped her pain, but she stopped taking it secondary to side effects of burning/itching in her throat and mouth sores (Exhibit 1F, page 21). Her treatment notes reflect a diagnosis of fibromyalgia, with symptoms including pain in her neck, back, hips, chest and shoulder, decreased energy at 2-3/10, pain levels at 7-8/10, and sleeping through the night but not feeling refreshed with wakening (*Id.*). In addition, the claimant had anxiety and depression, with low mood (*Id.*). She was prescribed Ambien, Zanaflex, Lexapro, and Ultram, as well as provided with Lyrica samples (*Id.*).

In early March 2012, a little over a month after the claimant's alleged onset date, she began treatment with Rebecca Hayman, LMSW (Exhibit 6F). Her fibromyalgia specialist had referred her for treatment to help her cope with her diagnosis of fibromyalgia (*Id.* at 57-68). Consistent with her allegations at the hearing, the claimant reported to Ms. Hayman that she had been having difficulty performing her work tasks due to memory problems, extreme fatigue, and concentration issues, which resulted in her making mistakes on the job (*Id.*). She complained that her inability to concentrate and her memory loss interfered with her job functioning (*Id.*). She reported significant stress with her work (*Id.*). In addition, the claimant was having increased stress due to financial problems because her illness had caused her to take leave without pay from her work (*Id.*). After her initial intake with Ms. Hayman, the claimant saw her about every other week for continued treatment (*See generally* exhibit 6F). She complained of increased stress, increased fatigue, and significant forgetfulness (*E.g., id.* at 41, 49). In fact, the claimant reported forgetfulness of the severity that she had to be careful when cooking (*Id.*). Although in August 2012, shortly prior to the established disability date at the initial level, the claimant reported that she was exercising, eating healthier, and changing her lifestyle to mitigate her fibromyalgia symptoms, she continued to take care not to exceed her physical limits, which resulted in fibromyalgia symptom exacerbation (*Id.* at 27, 23, 39). The claimant's treatment notes, particularly her intake assessment, with Ms. Hayman support her allegation that her symptoms were disabling as of her alleged onset date of January 25, 2012. The record clearly reflects that the claimant stopped working due to the severity of her symptoms resulting in a significant decrease in her concentration and memory capacity, as well as a significant increase in her level of fatigue. The undersigned finds the claimant's need to take unpaid leave due to her symptoms supports her allegation regarding the severity of these symptoms.

In addition to her treatment notes with Ms. Hayman, other treatment notes reflect that the claimant had significantly decreased energy levels, as she reported energy at 1/10 in March 2012 (Exhibit 1F, page 14). A fibromyalgia impact questionnaire from April 2012 reflects that the claimant had difficulty with tasks including brushing her hair, walking for twenty minutes, cleaning, lifting, and shopping (*Id.* at 22-26). At that time, she felt overwhelmed by her symptoms, was experiencing very poor memory, feeling depressed, awakening tired, having low energy, and experiencing balance problems (*Id.*). Her primary treatment provider noted the claimant to have cognitive dysfunction with decreased memory and concentration, despite losing weight (*Id.* at 11-12).

In June 2012, the claimant underwent a neurological and orthopedic evaluation by a physical therapist (Exhibit 1F, pages 1-4). Although her reflexes and strength were intact and she was able to engage in a variety of different activities, she had painful and limited range of motion testing, as well as reported low energy and mood at 4/10 (*Id.* at 1-4, 7). In July 2012, she continued to complain of pain and fatigue, with low energy, despite performing her fibromyalgia exercises and stretching, as well as losing weight (*Id.* at 5-6). The undersigned finds the claimant's complaints and reported symptoms to be consistently documented in the record and support a determination that as of the claimant's alleged onset date, in addition to the limitations identified by the State agency medical and psychological consultants, her fatigue and other fibromyalgia symptoms, including cognitive dysfunction with decreased memory and concentration, would cause her to be off task for more than twenty-percent of the workday.

The claimant also reported similar symptoms and limitations during a consultative psychological evaluation in August 2012 (Exhibit 2F). Although she reported the ability to perform general household tasks, she complained that her depression had been progressively worsening for the year prior to the evaluation, to the extent that she was crying daily at that time of the evaluation (*Id.*). Notably, she cried during the evaluation (*Id.*). She complained of difficulty with memory and sleep, as well as burning food due to forgetfulness when cooking on the stove (*Id.*). She reported that she slept often and did not have a desire to eat (*Id.*). Consistent with her reported symptoms of severe fatigue and exhaustion, she ambulated with a slow gait, had decreased eye contact, and demonstrated decreased activity and motivation (*Id.*). During the mental status examination, she had limited recall, confused cities and states, and was unable to perform simple calculations, despite having an advanced degree (*Id.*). The claimant's performance during the mental status examination supports a determination that she is limited to simple, unskilled work, and that she would be off task more than twenty percent of the workday. In the consultative examiner's assessment, the claimant was unable to manage her benefit funds, which further supports the claimant's allegation that she has suffered from severely debilitating symptoms of fibromyalgia since her alleged onset date and that her impairment would cause her to be off task more than twenty percent of the workday (*Id.*).

A determination that the claimant is limited to work at a less than light exertional demand, involving only occasional postural activities, that is unskilled and simple work, and that allows her to be off-task more than twenty percent of the workday is further supported by a fibromyalgia questionnaire completed by her primary treatment provider, Dr. Irene Metro (Exhibit 5F). In Dr. Metro's assessment, the claimant's pain and fibromyalgia symptoms frequently interfere with her attention and concentration capacity, resulting in the claimant being incapable of even low stress work (*Id.*). This assessment is supported by the other evidence of record showing the claimant to have significant levels of fatigue, to have been making mistakes at work resulting in her taking unpaid leave, and causing her to stop cooking due to forgetfulness and burning things on the stove. Accordingly, the undersigned finds the claimant's fibromyalgia symptoms interfere with her concentration and attention capacity to the extent that she is limited to simple unskilled work and that she would be off task more than twenty percent of the workday.

6. The claimant is unable to perform any past relevant work (20 CFR 404.1565).

The claimant has past relevant work as a legal assistant, skilled work activity with a light to medium exertional demand. The mental demands of the claimant's past relevant work exceed her residual functional capacity as determined in this decision. The vocational expert testified that the claimant did not obtain any skills at this work activity that transfer to work at a sedentary exertional demand. Accordingly, the undersigned finds the claimant unable to perform her past relevant work.

7. The claimant was an individual closely approaching advanced age on the established disability onset date (20 CFR 404.1563).

8. The claimant has at least a high school education and is able to communicate in English (20 CFR 404.1564).

9. The claimant's acquired job skills do not transfer to other occupations within the residual functional capacity defined above (20 CFR 404.1568).

The vocational expert testified that the claimant did not acquire job skills that transfer to other occupations within this decision's residual functional capacity assessment.

10. Considering the claimant's age, education, work experience, and residual functional capacity, there are no jobs that exist in significant numbers in the national economy that the claimant can perform (20 CFR 404.1560(c) and 404.1566).

In determining whether a successful adjustment to other work can be made, the undersigned must consider the claimant's residual functional capacity, age, education, and work experience in conjunction with the Medical-Vocational Guidelines, 20 CFR Part 404, Subpart P, Appendix 2. If the claimant can perform all or substantially all of the exertional demands at a given level of exertion, the medical-vocational rules direct a conclusion of either "disabled" or "not disabled" depending upon the claimant's specific vocational profile (SSR 83-11). When the claimant cannot perform substantially all of the exertional demands of work at a given level of exertion and/or has nonexertional limitations, the medical-vocational rules are used as a framework for decisionmaking unless there is a rule that directs a conclusion of "disabled" without considering the additional exertional and/or nonexertional limitations (SSRs 83-12 and 83-14). If the claimant has solely nonexertional limitations, section 204.00 in the Medical-Vocational Guidelines provides a framework for decisionmaking (SSR 85-15).

If the claimant had the residual functional capacity to perform the full range of light work, considering the claimant's age, education, and work experience, a finding of "not disabled" would be directed by Medical-Vocational Rule 202.14. To determine the extent to which the claimant's additional limitations erode the unskilled light occupational base, the Administrative Law Judge asked the vocational expert whether jobs exist in the national economy for an individual with the claimant's age, education, work experience, and residual functional capacity. The vocational expert testified that given all of these factors there are no jobs in the national economy that the individual could perform.

Based on the testimony of the vocational expert, the undersigned concludes that, considering the claimant's age, education, work experience, and residual functional capacity, a finding of "disabled" is appropriate under the framework of the above-cited rule.

11. The claimant has been under a disability as defined in the Social Security Act since January 25, 2012, the alleged onset date of disability (20 CFR 404.1520(g)).

DECISION

Based on the application for a period of disability and disability insurance benefits filed on May 15, 2012, the claimant has been disabled under sections 216(i) and 223(d) of the Social Security Act since January 25, 2012.

See Next Page



American Academy of Environmental Medicine

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Executive Director
De Rodgers Fox

Press Advisory
April 12, 2012

Contact Information:
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President-Elect
American Academy of Environmental Medicine
(734)213-4901
environmentalmed@yahoo.com
@dramydean

The American Academy of Environmental Medicine Calls for Immediate Caution regarding Smart Meter Installation

Wichita, KS- The American Academy of Environmental Medicine today released its position paper on electromagnetic field (EMF) and radiofrequency (RF) health effects calling for immediate caution regarding smart meter installations. Citing several peer-reviewed scientific studies, the AAEM concludes that "significant harmful biological effects occur from non-thermal RF exposure" showing causality. The AAEM also expresses concern regarding significant, but poorly understood quantum field effects of EMF and RF fields on human health.

"More independent research is needed to assess the safety of 'Smart Meter' technology," said Dr. Amy Dean, board certified internist and President-Elect of the AAEM. "Patients are reporting to physicians the development of symptoms and adverse health effects after 'Smart Meters' are installed on their homes. Immediate action is necessary to protect the public's health."

Dr. William J. Rea, past president of AAEM says, "Technological advances must be assessed for harmful effects in order to protect society from the ravages of end-stage disease like cancer, heart disease, brain dysfunction, respiratory distress, and fibromyalgia. EMF and wireless technology are the latest innovations to challenge the physician whose goal is to help patients and prevent disease." Rea, a thoracic and cardiovascular surgeon and environmental physician adds, "A more thorough review of technological options to achieve society's worthwhile communications objectives must be conducted to protect human health."

The AAEM calls for:

- Immediate caution regarding "Smart Meter" installation due to potentially harmful RF exposure
- Accommodation for health considerations regarding EMF and RF exposure, including exposure to wireless "Smart Meter" technology
- Independent studies to further understand health effects from EMF and RF exposure

- Use of safer technology, including for "Smart Meters", such as hard-wiring, fiber optics or other non-harmful methods of data transmission
- Independent studies to further understand the health effects from EMF and RF exposures
- Recognition that electromagnetic hypersensitivity is a growing problem worldwide
- Consideration and independent research regarding the quantum effects of EMF and RF on human health
- Understanding and control of this electrical environmental bombardment for the protection of society

The AAEM's position paper on electromagnetic and radiofrequency fields can be found at:
http://aaemonline.org/emf_rf_position.html

AAEM is an international association of physicians and other professionals dedicated to addressing the clinical aspects of environmental health. More information is available at www.aaemonline.org.

About AAEM: The American Academy of Environmental Medicine was founded in 1965, and is an international association of physicians and other professionals interested in the clinical aspects of humans and their environment. The Academy is interested in expanding the knowledge of interactions between human individuals and their environment, as these may be demonstrated to be reflected in their total health. The AAEM provides research and education in the recognition, treatment and prevention of illnesses induced by exposures to biological and chemical agents encountered in air, food and water.

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American Academy of Environmental Medicine

Electromagnetic and Radiofrequency Fields Effect on Human Health

For over 50 years, the American Academy of Environmental Medicine (AAEM) has been studying and treating the effects of the environment on human health. In the last 20 years, our physicians began seeing patients who reported that electric power lines, televisions and other electrical devices caused a wide variety of symptoms. By the mid 1990's, it became clear that patients were adversely affected by electromagnetic fields and becoming more electrically sensitive. In the last five years with the advent of wireless devices, there has been a massive increase in radiofrequency (RF) exposure from wireless devices as well as reports of hypersensitivity and diseases related to electromagnetic field and RF exposure. Multiple studies correlate RF exposure with diseases such as cancer, neurological disease, reproductive disorders, immune dysfunction, and electromagnetic hypersensitivity.

The electromagnetic wave spectrum is divided into ionizing radiation such as ultraviolet and X-rays and non-ionizing radiation such as ultrasound and radiofrequency (RF), which includes WiFi, cell phones, and Smart Meter wireless communication. It has long been recognized that ionizing radiation can have a negative impact on health. However, the effects of non-ionizing radiation on human health recently have been seen. Discussions and research of non-ionizing radiation effects centers around thermal and non-thermal effects. According to the FCC and other regulatory agencies, only thermal effects are relevant regarding health implications and consequently, exposure limits are based on thermal effects only.¹

While it was practical to regulate thermal bioeffects, it was also stated that non-thermal effects are not well understood and no conclusive scientific evidence points to non-thermal based negative health effects.¹ Further arguments are made with respect to RF exposure from WiFi, cell towers and smart meters that due to distance, exposure to these wavelengths are negligible.² However, many *in vitro*, *in vivo* and epidemiological studies demonstrate that significant harmful biological effects occur from non-thermal RF exposure and satisfy Hill's criteria of causality.³ Genetic damage, reproductive defects, cancer, neurological degeneration and nervous system dysfunction, immune system

dysfunction, cognitive effects, protein and peptide damage, kidney damage, and developmental effects have all been reported in the peer-reviewed scientific literature.

Genotoxic effects from RF exposure, including studies of non-thermal levels of exposure, consistently and specifically show chromosomal instability, altered gene expression, gene mutations, DNA fragmentation and DNA structural breaks.⁴⁻¹¹ A statistically significant dose response effect was demonstrated by Maschevich *et al.*, who reported a linear increase in aneuploidy as a function of the Specific Absorption Rate(SAR) of RF exposure.¹¹ Genotoxic effects are documented to occur in neurons, blood lymphocytes, sperm, red blood cells, epithelial cells, hematopoietic tissue, lung cells and bone marrow. Adverse developmental effects due to non-thermal RF exposure have been shown with decreased litter size in mice from RF exposure well below safety standards.¹² The World Health Organization has classified RF emissions as a group 2 B carcinogen.¹³ Cellular telephone use in rural areas was also shown to be associated with an increased risk for malignant brain tumors.¹⁴

The fact that RF exposure causes neurological damage has been documented repeatedly. Increased blood-brain barrier permeability and oxidative damage, which are associated with brain cancer and neurodegenerative diseases, have been found.^{4,7,15-17} Nittby *et al.* demonstrated a statistically significant dose-response effect between non-thermal RF exposure and occurrence of albumin leak across the blood-brain barrier.¹⁵ Changes associated with degenerative neurological diseases such as Alzheimer's, Parkinson's and Amyotrophic Lateral Sclerosis (ALS) have been reported.^{4,10} Other neurological and cognitive disorders such as headaches, dizziness, tremors, decreased memory and attention, autonomic nervous system dysfunction, decreased reaction times, sleep disturbances and visual disruption have been reported to be statistically significant in multiple epidemiological studies with RF exposure occurring non-locally.¹⁸⁻²¹

Nephrotoxic effects from RF exposure also have been reported. A dose response effect was observed by Ingole and Ghosh in which RF exposure resulted in mild to extensive degenerative changes in chick embryo kidneys based on duration of RF exposure.²⁴ RF emissions have also been shown to cause isomeric changes in amino acids that can result in nephrotoxicity as well as hepatotoxicity.²⁵

Electromagnetic field (EMF) hypersensitivity has been documented in controlled and double blind studies with exposure to various EMF frequencies. Rea *et al.* demonstrated that under double blind placebo controlled conditions, 100% of subjects showed reproducible reactions to that frequency

to which they were most sensitive.²² Pulsed electromagnetic frequencies were shown to consistently provoke neurological symptoms in a blinded subject while exposure to continuous frequencies did not.²³

Although these studies clearly show causality and disprove the claim that health effects from RF exposure are uncertain, there is another mechanism that proves electromagnetic frequencies, including radiofrequencies, can negatively impact human health. Government agencies and industry set safety standards based on the narrow scope of Newtonian or "classical" physics reasoning that the effects of atoms and molecules are confined in space and time. This model supports the theory that a mechanical force acts on a physical object and thus, long-range exposure to EMF and RF cannot have an impact on health if no significant heating occurs. However, this is an incomplete model. A quantum physics model is necessary to fully understand and appreciate how and why EMF and RF fields are harmful to humans.^{26,27} In quantum physics and quantum field theory, matter can behave as a particle or as a wave with wave-like properties. Matter and electromagnetic fields encompass quantum fields that fluctuate in space and time. These interactions can have long-range effects which cannot be shielded, are non-linear and by their quantum nature have uncertainty. Living systems, including the human body, interact with the magnetic vector potential component of an electromagnetic field such as the field near a toroidal coil.^{26,28,29} The magnetic vector potential is the coupling pathway between biological systems and electromagnetic fields.^{26,27} Once a patient's specific threshold of intensity has been exceeded, it is the frequency which triggers the patient's reactions.

Long range EMF or RF forces can act over large distances setting a biological system oscillating in phase with the frequency of the electromagnetic field so it adapts with consequences to other body systems. This also may produce an electromagnetic frequency imprint into the living system that can be long lasting.^{26,27,30} Research using objective instrumentation has shown that even passive resonant circuits can imprint a frequency into water and biological systems.³¹ These quantum electrodynamic effects do exist and may explain the adverse health effects seen with EMF and RF exposure. These EMF and RF quantum field effects have not been adequately studied and are not fully understood regarding human health.

Because of the well documented studies showing adverse effects on health and the not fully understood quantum field effect, AAEM calls for exercising precaution with regard to EMF, RF and general frequency exposure. In an era when all society relies on the benefits of electronics, we must find ideas and technologies that do not disturb bodily function. It is clear that the human body uses electricity from the chemical bond to the nerve impulse and obviously this orderly sequence can be

disturbed by an individual-specific electromagnetic frequency environment. Neighbors and whole communities are already exercising precaution, demanding abstention from wireless in their homes and businesses.

Furthermore, the AAEM asks for:

- An immediate caution on Smart Meter installation due to potentially harmful RF exposure.
- Accommodation for health considerations regarding EMF and RF exposure, including exposure to wireless Smart Meter technology.
- Independent studies to further understand the health effects from EMF and RF exposure.
- Recognition that electromagnetic hypersensitivity is a growing problem worldwide.
- Understanding and control of this electrical environmental bombardment for the protection of society.
- Consideration and independent research regarding the quantum effects of EMF and RF on human health.
- Use of safer technology, including for Smart Meters, such as hard-wiring, fiber optics or other non-harmful methods of data transmission.

Submitted by: Amy L. Dean, DO, William J. Rea, MD, Cyril W. Smith, PhD, Alvis L. Barrier, MD

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**Imperial Senior Suites
27600 Franklin Rd.
Southfield, MI 48034**

September 26, 2013

Dear Sir/Madam,

April Jones has been a patient of mine since January of 2012. Among multiple others, she carries the diagnoses of Fibromyalgia, Chronic Fatigue Syndrome, Hypertension and Coronary Artery Disease. She has had Fibromyalgia Flares for the last year.

Before entering a contract with Imperial Senior Suites, Ms. Jones asked whether there were smart meters on the property to which they responded no. However, she states that she has had worsening Fibromyalgia symptoms when she was living at Imperial Senior Suites. She finally had to move to her car to avoid the symptoms.

There have been thousands of studies on whether smart meters produce health effects. After viewing many studies there are many people that have had an increase of symptoms when exposed to smart meters, I think it best that she does not stay in a building which has smart meters. Ms. Jones has chemical sensitivities and environmental sensitivities.

Please do not hesitate to call my office with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Irene Metro" with a long, sweeping underline.

Irene C. Metro M.D.



3610 W. Liberty Rd.
Ann Arbor, MI, 48103

Darren Schmidt, D.C.

Kerry Cradit, BS Nutrition

Amanda Childress,
PharmD.

Denise Acton, ND, Lic.
Acupuncture

Connie Kelly-Saur, BS
Medical Science

Jennifer Zumbrink, N.D

August 30, 2013

To Whom it May Concern,

I am treating April Jones, a Michigan resident, DTE customer and disabled person.

I have patients in my case-load whom I have monitored over time, who have experienced adverse health effects following smart meter installation. Symptoms include high-blood pressure, fibromyalgia, weight gain, unstable blood sugar levels, insomnia, exhaustion and cardiac arrhythmia. We have also found a return of disease like A.D.D. or cancer when smart meters are installed. It is a condition that is new in our culture with the rise of wireless devices. Studies show about 3-5% of the population have a noticeable adverse reaction. Up to 50% are affected but don't know it.

April Jones was forced to leave her home after a wireless utility meter was installed outside her home. Her home had a pre-existing mold problem. Recent research by Dr. Dietrich Klinghardt shows that electromagnetic fields, poor power quality and radio frequencies create an increase in the bio toxicity of mold 600 times. Ms. Jones had an increase in her fibromyalgia and fatigue symptoms to such a degree she had to move out.

She moved into a hotel for a temporary period of time until she could find a residence that would not exacerbate her condition.

She found an apartment complex whose manager said they had no smart meters. Once she moved in, her symptoms increased dramatically. April searched around and found 26 smart meters on her floor alone. There are 8 floors so there may be as many as 200 smart meters. The safe distance from one smart meter is 92 feet away. She has been sleeping in her car to avoid exposure.

When she practices prudent avoidance, her symptoms decrease, and when she is subjected to pulsed RF, her condition intensifies. Her well being and survival are at risk due to cumulative exposure to microwave radio frequencies.

This letter is to verify that digitally pulsed radio frequencies do exacerbate her disability condition when looking at her symptomatology. The only accommodation option available is for Ms. Jones to move from the Imperial facility to ameliorate the effects of the disability in order to have the opportunity for residential use and enjoyment.

Sincerely,
Darren Schmidt, D.C.

Phone: 734-302-7575.

Drschmidt@wholisticdoctor.com www.thenutritionalhealingcenter.com



SOCIAL SECURITY ADMINISTRATION

Refer To: 365-66-7428

Office of Disability Adjudication and Review
SSA ODAR
Chicago NHC
15th Floor
200 West Adams
Chicago, IL 60606

Date: July 26, 2013

April Lethia Jones
28311 Franklin Rd
Apt C236
Southfield, MI 48034

Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

Time Limit To File An Appeal

You must file your written appeal within 60 days of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.



The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence with your appeal. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

DECISION

IN THE CASE OF

CLAIM FOR

April Lethia Jones
(Claimant)

Period of Disability and Disability Insurance
Benefits

(Wage Earner)

365-66-7428
(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

This case is before the undersigned on a request for hearing dated November 7, 2012 (20 CFR 404.929 *et seq.*). On July 9, 2013, the undersigned held a video hearing (20 CFR 404.936(c)). The claimant appeared in Detroit, MI, and the undersigned presided over the hearing from Chicago, IL. Michael A Klein, an impartial vocational expert, also appeared at the hearing via telephone. The claimant is represented by Michelle Gottesman, an attorney.

The claimant is alleging disability since January 25, 2012.

ISSUES

The issue is whether the claimant is disabled under sections 216(i) and 223(d) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

There is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. The claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through December 31, 2016. Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful review of the entire record, the undersigned finds that the claimant has been disabled from January 25, 2012, through the date of this decision. The undersigned also finds that the insured status requirements of the Social Security Act were met as of the date disability is established.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is

See Next Page

disabled (20 CFR 404.1520(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the undersigned must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, she is not disabled regardless of how severe her physical or mental impairments are and regardless of her age, education, or work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the undersigned must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. If the claimant does not have a severe medically determinable impairment or combination of impairments, she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, the undersigned must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, and 404.1526). If the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 404.1509), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the undersigned must first determine the claimant's residual functional capacity (20 CFR 404.1520(e)). An individual's residual functional capacity is her ability to do physical and mental work activities on a sustained basis despite limitations from her impairments. In making this finding, the undersigned must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e) and 404.1545; SSR 96-8p).

Next, the undersigned must determine at step four whether the claimant has the residual functional capacity to perform the requirements of her past relevant work (20 CFR 404.1520(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b) and 404.1565). If the claimant has the residual functional capacity to do her past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g)), the undersigned must determine whether the claimant is able to do any other work considering her residual functional capacity, age, education, and work experience. If the claimant is able to do other work, she is

not disabled. If the claimant is not able to do other work and meets the duration requirement, she is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g) and 404.1560(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:

1. The claimant's date last insured is December 31, 2016.
2. The claimant has not engaged in substantial gainful activity since January 25, 2012, the alleged onset date (20 CFR 404.1520(b) and 404.1571 *et seq.*).
3. The claimant has the following severe impairment: fibromyalgia (20 CFR 404.1520(c)).
4. The claimant does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525 and 404.1526).
5. The claimant has the residual functional capacity to perform light work as defined in 20 CFR 404.1567(b) except the claimant is limited to occasionally climbing, crouching, crawling, stooping and kneeling; she is limited to unskilled and simple work that will allow her to be off task more than twenty percent of the workday.

In making this finding, the undersigned considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and SSRs 96-4p and 96-7p. The undersigned has also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and SSRs 96-2p, 96-6p and 06-3p.

The claimant alleges an onset of disability date of January 25, 2012. At the initial level, the Social Security Administration determined the claimant to be disabled as of September 22, 2012, three months prior to her fifty-fifth birthday due to her fibromyalgia and other impairments limiting her to work at a less than light exertional demand. At the initial level, the claimant was determined to have the residual functional capacity to perform light work activity with occasional climbing, balancing, crouching, crawling, stooping and kneeling and that was simple and unskilled. Accordingly, based on a non-mechanical application of the Medical-Vocational Guidelines, the claimant was determined to be disabled under Grid Rule 202.06 as of September 22, 2012, three months prior to the claimant obtaining the age 55 (Exhibit 2A; exhibit 6B). However, her application for disability benefits was denied from her alleged onset date of January 25, 2012 through her established onset of disability date of September 22, 2012, three

months before her fifty-fifth birthday, based on the Medical-Vocational Guidelines and a determination that she retained the capacity to perform a broad range of work at a light exertional demand.

The claimant appeals this determining, arguing that a finding of disability is appropriate beginning on her alleged onset date, not the date of onset established at the initial level. She argues that she was unable to sustain even light work activity as of her alleged onset date due to fatigue, low energy, balance problems and sensory deficits. She argues that prior to her alleged onset date, she had established a good career. However, her symptoms worsened and she began having difficulty sustaining her work tasks, including being written up for cognitive issues related to her making mistakes at work. The claimant testified that she was having memory difficulties at her employment, as well as severe fatigue and exhaustion. She reported making significant mistakes at work. As a result, she was asked to leave or she would be fired. She testified that she went on leave under the Family Medical Leave Act at the time of her alleged onset date and retired in June 2012 because she was unable to return to work.

After considering the evidence of record, the undersigned finds that the claimant's medically determinable impairment could reasonably be expected to produce the alleged symptoms, and that the claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are generally credible. The undersigned finds the medical evidence of record supports a determination that the claimant was experiencing disabling symptoms of fibromyalgia as of her alleged onset date and that in addition to the limitations determined by the State agency psychological and medical consultants at the initial level, the claimant's symptoms were of the severity that she was limited to work that would allow her to be off-task over twenty percent of the workday. Accordingly, the undersigned gives some weight to the State agency medical consultant's physical assessment and that State agency psychological consultant's mental assessment, but finds the evidence received at the hearing level, including the claimant's persuasive and credible hearing testimony, shows the claimant to be more limited than determined by the State agency consultants, as her symptoms would cause her to be off-task for significant portions of the workday.

The evidence indicates that the claimant was diagnosed with fibromyalgia by Dr. Metro on January 25, 2012, the claimant's alleged onset date (Exhibit 6F, page 61). The claimant testified that she stopped work at that time. The evidence supports her testimony that prior to her alleged onset date, she had a successful career. A review of her earnings records show the claimant to have substantial and consistent earnings from the United States Court System for over fifteen years (Exhibits 5D – 7D).

On February 2012, the claimant reported that Cymbalta had helped her pain, but she stopped taking it secondary to side effects of burning/itching in her throat and mouth sores (Exhibit 1F, page 21). Her treatment notes reflect a diagnosis of fibromyalgia, with symptoms including pain in her neck, back, hips, chest and shoulder, decreased energy at 2-3/10, pain levels at 7-8/10, and sleeping through the night but not feeling refreshed with wakening (*Id.*). In addition, the claimant had anxiety and depression, with low mood (*Id.*). She was prescribed Ambien, Zanaflex, Lexapro, and Ultram, as well as provided with Lyrica samples (*Id.*).

In early March 2012, a little over a month after the claimant's alleged onset date, she began treatment with Rebecca Hayman, LMSW (Exhibit 6F). Her fibromyalgia specialist had referred her for treatment to help her cope with her diagnosis of fibromyalgia (*Id.* at 57-68). Consistent with her allegations at the hearing, the claimant reported to Ms. Hayman that she had been having difficulty performing her work tasks due to memory problems, extreme fatigue, and concentration issues, which resulted in her making mistakes on the job (*Id.*). She complained that her inability to concentrate and her memory loss interfered with her job functioning (*Id.*). She reported significant stress with her work (*Id.*). In addition, the claimant was having increased stress due to financial problems because her illness had caused her to take leave without pay from her work (*Id.*). After her initial intake with Ms. Hayman, the claimant saw her about every other week for continued treatment (*See generally* exhibit 6F). She complained of increased stress, increased fatigue, and significant forgetfulness (*E.g., id.* at 41, 49). In fact, the claimant reported forgetfulness of the severity that she had to be careful when cooking (*Id.*). Although in August 2012, shortly prior to the established disability date at the initial level, the claimant reported that she was exercising, eating healthier, and changing her lifestyle to mitigate her fibromyalgia symptoms, she continued to take care not to exceed her physical limits, which resulted in fibromyalgia symptom exacerbation (*Id.* at 27, 23, 39). The claimant's treatment notes, particularly her intake assessment, with Ms. Hayman support her allegation that her symptoms were disabling as of her alleged onset date of January 25, 2012. The record clearly reflects that the claimant stopped working due to the severity of her symptoms resulting in a significant decrease in her concentration and memory capacity, as well as a significant increase in her level of fatigue. The undersigned finds the claimant's need to take unpaid leave due to her symptoms supports her allegation regarding the severity of these symptoms.

In addition to her treatment notes with Ms. Hayman, other treatment notes reflect that the claimant had significantly decreased energy levels, as she reported energy at 1/10 in March 2012 (Exhibit 1F, page 14). A fibromyalgia impact questionnaire from April 2012 reflects that the claimant had difficulty with tasks including brushing her hair, walking for twenty minutes, cleaning, lifting, and shopping (*Id.* at 22-26). At that time, she felt overwhelmed by her symptoms, was experiencing very poor memory, feeling depressed, awakening tired, having low energy, and experiencing balance problems (*Id.*). Her primary treatment provider noted the claimant to have cognitive dysfunction with decreased memory and concentration, despite losing weight (*Id.* at 11-12).

In June 2012, the claimant underwent a neurological and orthopedic evaluation by a physical therapist (Exhibit 1F, pages 1-4). Although her reflexes and strength were intact and she was able to engage in a variety of different activities, she had painful and limited range of motion testing, as well as reported low energy and mood at 4/10 (*Id.* at 1-4, 7). In July 2012, she continued to complain of pain and fatigue, with low energy, despite performing her fibromyalgia exercises and stretching, as well as losing weight (*Id.* at 5-6). The undersigned finds the claimant's complaints and reported symptoms to be consistently documented in the record and support a determination that as of the claimant's alleged onset date, in addition to the limitations identified by the State agency medical and psychological consultants, her fatigue and other fibromyalgia symptoms, including cognitive dysfunction with decreased memory and concentration, would cause her to be off task for more than twenty-percent of the workday.

The claimant also reported similar symptoms and limitations during a consultative psychological evaluation in August 2012 (Exhibit 2F). Although she reported the ability to perform general household tasks, she complained that her depression had been progressively worsening for the year prior to the evaluation, to the extent that she was crying daily at that time of the evaluation (*Id.*). Notably, she cried during the evaluation (*Id.*). She complained of difficulty with memory and sleep, as well as burning food due to forgetfulness when cooking on the stove (*Id.*). She reported that she slept often and did not have a desire to eat (*Id.*). Consistent with her reported symptoms of severe fatigue and exhaustion, she ambulated with a slow gait, had decreased eye contact, and demonstrated decreased activity and motivation (*Id.*). During the mental status examination, she had limited recall, confused cities and states, and was unable to perform simple calculations, despite having an advanced degree (*Id.*). The claimant's performance during the mental status examination supports a determination that she is limited to simple, unskilled work, and that she would be off task more than twenty percent of the workday. In the consultative examiner's assessment, the claimant was unable to manage her benefit funds, which further supports the claimant's allegation that she has suffered from severely debilitating symptoms of fibromyalgia since her alleged onset date and that her impairment would cause her to be off task more than twenty percent of the workday (*Id.*).

A determination that the claimant is limited to work at a less than light exertional demand, involving only occasional postural activities, that is unskilled and simple work, and that allows her to be off-task more than twenty percent of the workday is further supported by a fibromyalgia questionnaire completed by her primary treatment provider, Dr. Irene Metro (Exhibit 5F). In Dr. Metro's assessment, the claimant's pain and fibromyalgia symptoms frequently interfere with her attention and concentration capacity, resulting in the claimant being incapable of even low stress work (*Id.*). This assessment is supported by the other evidence of record showing the claimant to have significant levels of fatigue, to have been making mistakes at work resulting in her taking unpaid leave, and causing her to stop cooking due to forgetfulness and burning things on the stove. Accordingly, the undersigned finds the claimant's fibromyalgia symptoms interfere with her concentration and attention capacity to the extent that she is limited to simple unskilled work and that she would be off task more than twenty percent of the workday.

6. The claimant is unable to perform any past relevant work (20 CFR 404.1565).

The claimant has past relevant work as a legal assistant, skilled work activity with a light to medium exertional demand. The mental demands of the claimant's past relevant work exceed her residual functional capacity as determined in this decision. The vocational expert testified that the claimant did not obtain any skills at this work activity that transfer to work at a sedentary exertional demand. Accordingly, the undersigned finds the claimant unable to perform her past relevant work.

7. The claimant was an individual closely approaching advanced age on the established disability onset date (20 CFR 404.1563).

8. The claimant has at least a high school education and is able to communicate in English (20 CFR 404.1564).

9. The claimant's acquired job skills do not transfer to other occupations within the residual functional capacity defined above (20 CFR 404.1568).

The vocational expert testified that the claimant did not acquire job skills that transfer to other occupations within this decision's residual functional capacity assessment.

10. Considering the claimant's age, education, work experience, and residual functional capacity, there are no jobs that exist in significant numbers in the national economy that the claimant can perform (20 CFR 404.1560(c) and 404.1566).

In determining whether a successful adjustment to other work can be made, the undersigned must consider the claimant's residual functional capacity, age, education, and work experience in conjunction with the Medical-Vocational Guidelines, 20 CFR Part 404, Subpart P, Appendix 2. If the claimant can perform all or substantially all of the exertional demands at a given level of exertion, the medical-vocational rules direct a conclusion of either "disabled" or "not disabled" depending upon the claimant's specific vocational profile (SSR 83-11). When the claimant cannot perform substantially all of the exertional demands of work at a given level of exertion and/or has nonexertional limitations, the medical-vocational rules are used as a framework for decisionmaking unless there is a rule that directs a conclusion of "disabled" without considering the additional exertional and/or nonexertional limitations (SSRs 83-12 and 83-14). If the claimant has solely nonexertional limitations, section 204.00 in the Medical-Vocational Guidelines provides a framework for decisionmaking (SSR 85-15).

If the claimant had the residual functional capacity to perform the full range of light work, considering the claimant's age, education, and work experience, a finding of "not disabled" would be directed by Medical-Vocational Rule 202.14. To determine the extent to which the claimant's additional limitations erode the unskilled light occupational base, the Administrative Law Judge asked the vocational expert whether jobs exist in the national economy for an individual with the claimant's age, education, work experience, and residual functional capacity. The vocational expert testified that given all of these factors there are no jobs in the national economy that the individual could perform.

Based on the testimony of the vocational expert, the undersigned concludes that, considering the claimant's age, education, work experience, and residual functional capacity, a finding of "disabled" is appropriate under the framework of the above-cited rule.

11. The claimant has been under a disability as defined in the Social Security Act since January 25, 2012, the alleged onset date of disability (20 CFR 404.1520(g)).

DECISION

Based on the application for a period of disability and disability insurance benefits filed on May 15, 2012, the claimant has been disabled under sections 216(i) and 223(d) of the Social Security Act since January 25, 2012.



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The American Academy of Environmental Medicine Calls for Immediate Caution regarding Smart Meter Installation

Wichita, KS- The American Academy of Environmental Medicine today released its position paper on electromagnetic field (EMF) and radiofrequency (RF) health effects calling for immediate caution regarding smart meter installations. Citing several peer-reviewed scientific studies, the AAEM concludes that "significant harmful biological effects occur from non-thermal RF exposure" showing causality. The AAEM also expresses concern regarding significant, but poorly understood quantum field effects of EMF and RF fields on human health.

"More independent research is needed to assess the safety of 'Smart Meter' technology," said Dr. Amy Dean, board certified internist and President-Elect of the AAEM. "Patients are reporting to physicians the development of symptoms and adverse health effects after 'Smart Meters' are installed on their homes. Immediate action is necessary to protect the public's health."

Dr. William J. Rea, past president of AAEM says, "Technological advances must be assessed for harmful effects in order to protect society from the ravages of end-stage disease like cancer, heart disease, brain dysfunction, respiratory distress, and fibromyalgia. EMF and wireless technology are the latest innovations to challenge the physician whose goal is to help patients and prevent disease." Rea, a thoracic and cardiovascular surgeon and environmental physician adds, "A more thorough review of technological options to achieve society's worthwhile communications objectives must be conducted to protect human health."

The AAEM calls for:

- Immediate caution regarding "Smart Meter" installation due to potentially harmful RF exposure
- Accommodation for health considerations regarding EMF and RF exposure, including exposure to wireless "Smart Meter" technology
- Independent studies to further understand health effects from EMF and RF exposure

- Use of safer technology, including for "Smart Meters", such as hard-wiring, fiber optics or other non-harmful methods of data transmission
- Independent studies to further understand the health effects from EMF and RF exposures
- Recognition that electromagnetic hypersensitivity is a growing problem worldwide
- Consideration and independent research regarding the quantum effects of EMF and RF on human health
- Understanding and control of this electrical environmental bombardment for the protection of society

The AAEM's position paper on electromagnetic and radiofrequency fields can be found at:
http://aaemonline.org/emf_rf_position.html

AAEM is an international association of physicians and other professionals dedicated to addressing the clinical aspects of environmental health. More information is available at www.aaemonline.org.

About AAEM: The American Academy of Environmental Medicine was founded in 1965, and is an international association of physicians and other professionals interested in the clinical aspects of humans and their environment. The Academy is interested in expanding the knowledge of interactions between human individuals and their environment, as these may be demonstrated to be reflected in their total health. The AAEM provides research and education in the recognition, treatment and prevention of illnesses induced by exposures to biological and chemical agents encountered in air, food and water.

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American Academy of Environmental Medicine

Electromagnetic and Radiofrequency Fields Effect on Human Health

For over 50 years, the American Academy of Environmental Medicine (AAEM) has been studying and treating the effects of the environment on human health. In the last 20 years, our physicians began seeing patients who reported that electric power lines, televisions and other electrical devices caused a wide variety of symptoms. By the mid 1990's, it became clear that patients were adversely affected by electromagnetic fields and becoming more electrically sensitive. In the last five years with the advent of wireless devices, there has been a massive increase in radiofrequency (RF) exposure from wireless devices as well as reports of hypersensitivity and diseases related to electromagnetic field and RF exposure. Multiple studies correlate RF exposure with diseases such as cancer, neurological disease, reproductive disorders, immune dysfunction, and electromagnetic hypersensitivity.

The electromagnetic wave spectrum is divided into ionizing radiation such as ultraviolet and X-rays and non-ionizing radiation such as ultrasound and radiofrequency (RF), which includes WiFi, cell phones, and Smart Meter wireless communication. It has long been recognized that ionizing radiation can have a negative impact on health. However, the effects of non-ionizing radiation on human health recently have been seen. Discussions and research of non-ionizing radiation effects centers around thermal and non-thermal effects. According to the FCC and other regulatory agencies, only thermal effects are relevant regarding health implications and consequently, exposure limits are based on thermal effects only.¹

While it was practical to regulate thermal bioeffects, it was also stated that non-thermal effects are not well understood and no conclusive scientific evidence points to non-thermal based negative health effects.¹ Further arguments are made with respect to RF exposure from WiFi, cell towers and smart meters that due to distance, exposure to these wavelengths are negligible.² However, many *in vitro*, *in vivo* and epidemiological studies demonstrate that significant harmful biological effects occur from non-thermal RF exposure and satisfy Hill's criteria of causality.³ Genetic damage, reproductive defects, cancer, neurological degeneration and nervous system dysfunction, immune system

dysfunction, cognitive effects, protein and peptide damage, kidney damage, and developmental effects have all been reported in the peer-reviewed scientific literature.

Genotoxic effects from RF exposure, including studies of non-thermal levels of exposure, consistently and specifically show chromosomal instability, altered gene expression, gene mutations, DNA fragmentation and DNA structural breaks.⁴⁻¹¹ A statistically significant dose response effect was demonstrated by Maschevich *et al.*, who reported a linear increase in aneuploidy as a function of the Specific Absorption Rate(SAR) of RF exposure.¹¹ Genotoxic effects are documented to occur in neurons, blood lymphocytes, sperm, red blood cells, epithelial cells, hematopoietic tissue, lung cells and bone marrow. Adverse developmental effects due to non-thermal RF exposure have been shown with decreased litter size in mice from RF exposure well below safety standards.¹² The World Health Organization has classified RF emissions as a group 2 B carcinogen.¹³ Cellular telephone use in rural areas was also shown to be associated with an increased risk for malignant brain tumors.¹⁴

The fact that RF exposure causes neurological damage has been documented repeatedly. Increased blood-brain barrier permeability and oxidative damage, which are associated with brain cancer and neurodegenerative diseases, have been found.^{4,7,15-17} Nittby *et al.* demonstrated a statistically significant dose-response effect between non-thermal RF exposure and occurrence of albumin leak across the blood-brain barrier.¹⁵ Changes associated with degenerative neurological diseases such as Alzheimer's, Parkinson's and Amyotrophic Lateral Sclerosis (ALS) have been reported.^{4,10} Other neurological and cognitive disorders such as headaches, dizziness, tremors, decreased memory and attention, autonomic nervous system dysfunction, decreased reaction times, sleep disturbances and visual disruption have been reported to be statistically significant in multiple epidemiological studies with RF exposure occurring non-locally.¹⁸⁻²¹

Nephrotoxic effects from RF exposure also have been reported. A dose response effect was observed by Ingole and Ghosh in which RF exposure resulted in mild to extensive degenerative changes in chick embryo kidneys based on duration of RF exposure.²⁴ RF emissions have also been shown to cause isomeric changes in amino acids that can result in nephrotoxicity as well as hepatotoxicity.²⁵

Electromagnetic field (EMF) hypersensitivity has been documented in controlled and double blind studies with exposure to various EMF frequencies. Rea *et al.* demonstrated that under double blind placebo controlled conditions, 100% of subjects showed reproducible reactions to that frequency

to which they were most sensitive.²² Pulsed electromagnetic frequencies were shown to consistently provoke neurological symptoms in a blinded subject while exposure to continuous frequencies did not.²³

Although these studies clearly show causality and disprove the claim that health effects from RF exposure are uncertain, there is another mechanism that proves electromagnetic frequencies, including radiofrequencies, can negatively impact human health. Government agencies and industry set safety standards based on the narrow scope of Newtonian or "classical" physics reasoning that the effects of atoms and molecules are confined in space and time. This model supports the theory that a mechanical force acts on a physical object and thus, long-range exposure to EMF and RF cannot have an impact on health if no significant heating occurs. However, this is an incomplete model. A quantum physics model is necessary to fully understand and appreciate how and why EMF and RF fields are harmful to humans.^{26,27} In quantum physics and quantum field theory, matter can behave as a particle or as a wave with wave-like properties. Matter and electromagnetic fields encompass quantum fields that fluctuate in space and time. These interactions can have long-range effects which cannot be shielded, are non-linear and by their quantum nature have uncertainty. Living systems, including the human body, interact with the magnetic vector potential component of an electromagnetic field such as the field near a toroidal coil.^{26,28,29} The magnetic vector potential is the coupling pathway between biological systems and electromagnetic fields.^{26,27} Once a patient's specific threshold of intensity has been exceeded, it is the frequency which triggers the patient's reactions.

Long range EMF or RF forces can act over large distances setting a biological system oscillating in phase with the frequency of the electromagnetic field so it adapts with consequences to other body systems. This also may produce an electromagnetic frequency imprint into the living system that can be long lasting.^{26,27,30} Research using objective instrumentation has shown that even passive resonant circuits can imprint a frequency into water and biological systems.³¹ These quantum electrodynamic effects do exist and may explain the adverse health effects seen with EMF and RF exposure. These EMF and RF quantum field effects have not been adequately studied and are not fully understood regarding human health.

Because of the well documented studies showing adverse effects on health and the not fully understood quantum field effect, AAEM calls for exercising precaution with regard to EMF, RF and general frequency exposure. In an era when all society relies on the benefits of electronics, we must find ideas and technologies that do not disturb bodily function. It is clear that the human body uses electricity from the chemical bond to the nerve impulse and obviously this orderly sequence can be

disturbed by an individual-specific electromagnetic frequency environment. Neighbors and whole communities are already exercising precaution, demanding abstention from wireless in their homes and businesses.

Furthermore, the AAEM asks for:

- An immediate caution on Smart Meter installation due to potentially harmful RF exposure.
- Accommodation for health considerations regarding EMF and RF exposure, including exposure to wireless Smart Meter technology.
- Independent studies to further understand the health effects from EMF and RF exposure.
- Recognition that electromagnetic hypersensitivity is a growing problem worldwide.
- Understanding and control of this electrical environmental bombardment for the protection of society.
- Consideration and independent research regarding the quantum effects of EMF and RF on human health.
- Use of safer technology, including for Smart Meters, such as hard-wiring, fiber optics or other non-harmful methods of data transmission.

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