

**Commentary on the California Council on Science and Technology Report
“Health Impacts of Radio Frequency from Smart Meters”**

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This is a commentary on the California Council on Science and Technology (CCST) report, “Health Impacts of Radio Frequency from Smart Meters” published January 2011. I submit that the CCST report, written in response to health concerns expressed by Assembly Members of the California Legislature, contains inaccuracies and minimizes the biological effects and health impacts of non-thermal radiofrequency radiation, such as those produced by wireless technologies including Smart Meters.

For the record, my qualifications to make this commentary are that I hold a Bachelor of Science in Electrical Engineering, a Master of Engineering degree in Biomedical Engineering, and a Medical Doctor degree and have additionally completed a four year post-doctoral fellowship in physiology. I have been interested in the health effects of electromagnetic fields (EMFs) for many years and given lectures about the potential health impacts of non-ionizing radiations, both in Europe and the United States. I am president of a non-profit foundation interested in energy medicine, a sub-specialty within the field of Complementary and Alternative Medicine (CAM) as defined by the National Center for Complementary and Alternative Medicine (NCCAM), a center within the U.S. National Institutes of Health (NIH).

My specific concerns with the report are as follows:

1. The minimization of the problem of non-thermal microwave radiation;
2. The minimization of the need for lower exposure standards;
3. The increase in radiation levels at potential local hotspots through reflection;
4. The lack of information about the impact of pulsed radiation from Smart Meters;
5. The lack of information on the health impacts of night-time radiation from Smart Meters;
6. The lack of modeling or actual measurements of the contribution from Smart Meters to the existing background microwave radiation;
7. The lack of health and environmental consideration by the CPUC when the Advanced Metering Infrastructure (AMI) was approved.

Until these issues are more fully addressed it is recommended that the current Smart Meter deployment using radiofrequency radiation (RFR) be halted pending a more unbiased reassessment of the potential health issues associated with these meters, including a reassessment of the Advanced Metering Infrastructure (AMI) program approved by the California Public Utilities Commission (CPUC) without any environmental impact assessment. Further, that the California public be offered the option to opt out of this program, which at present is mandatory for every dwelling.

1. Minimization of Non-thermal Microwave Radiation from Smart Meters

On page 4 of the CCST report it states that *“To date, scientific studies have not identified or confirmed negative health effects from potential non-thermal impacts of RF emissions such as those produced by existing household electronic devices or smart meters.”* This finding minimizes the extensive body of scientific research on the biological effects of non-thermal electromagnetic fields. The biological effects of low-level, non-thermal electromagnetic fields have been researched for over 30 years. The respected 2007 Handbook of Biological Effects of Electromagnetic Fields edited by Barnes and Greenebaum (1) states on page 377:

“The biophysical lore prevailing until the late 1980s and lingering to this day is that, unless the amplitude and frequencies of an applied electric field were sufficient to trigger an excitable membrane (e.g. heart pacemaker), produce tissue heating or move an ion along a field gradient, there could be no effect. However, this position had to be changed as the evidence for weak (non-thermal) EMF bioeffects became overwhelming.”

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There are numerous reports on the potential health effects of non-thermal electromagnetic fields. Early reports include papers by Frey (1993), Lai (2000) and Hyland (2000), among many others. An international working group has delineated many additional scientific findings (Bioinitiative report, 2007). Special editions of the journal Pathophysiology were specifically dedicated to this topic recently (Pathophysiology, 2009). Recently, the European Journal of Oncology published an entire monograph entitled “Non-Thermal Effects and Mechanisms of Interaction between Electromagnetic Fields and Living Matter” outlining non-thermal effects on living systems. This came from the National Institute for the Study and Control of Cancer and Environmental Diseases “Bernardino Mamazzini” (Giuliani & Soffriti, 2010).

The CCST report further states that, *“Without a clearer understanding of the biological mechanisms involved, identifying additional standards or evaluating the relative costs and benefits of those standards cannot be determined at this time.”* I strongly disagree with this conclusion as there is now a large body of scientific literature describing several key mechanisms for the action of weak electromagnetic fields. These include, among others:

- removal of calcium ions bound to cellular membranes, leading to their weakened structure and changed cellular functioning
- change of calcium ion leading to changes in metabolic processes in cells,
- the leakage of calcium ions into neurons generating spurious action potentials,
- fragmentation of DNA in cells seen through the Comet assay
- changes in the blood-brain barrier in animals after microwave exposure
- defined cellular stress response, including the production of heat shock proteins (HSP), that are triggered electromagnetically at non-thermal levels that require much less energy than when triggered by heat (so-called thermal considerations)
- activation of specific genes by exposure to non-thermal electromagnetic fields leading to gene transcription to form RNA, the first stage in the synthesis of proteins

All these biological effects are well substantiated in the scientific literature and occurred at much lower exposure levels than current FCC standards, but are minimized by the CCST report. It takes many years for definitive health effects to be substantiated beyond all shadow of doubt. Yet the evidence is accumulating that health effects will become more widespread, given sufficient time, from the scientifically researched biological responses to RFR. Until the authors of the CCST report can clearly substantiate their conclusions that the California population will not be adversely affected by the Smart Meter program, a precautionary approach should have been recommended.

The European community has been more concerned about non-thermal radio frequency radiation effects while our government has essentially stopped funding all research in this area (see below). The extensive REFLEX study involving research groups from seven countries found effects on biological systems from cell phone radiation at levels 1/40th of the level of accepted safety guidelines promulgated by the International Commission on Non-Ionizing Radiation Protection (ICNIRP) (Adlkofer, 2006). This report focused on a four year international collaboration of twelve European research groups involving in vitro studies of non-thermal radiofrequency radiation from cell phones. Even Austrian insurance companies are now accepting the dangers from non-thermal electromagnetic radiation from cell phones (AUVA Report, 2009).

Biological systems often respond in a non-linear manner and there is a large degree of genetic variability as to how animals or people are affected. Non-thermal EMFs might be comparable to the hazards of low levels of toxins found in the environment which can be potent in very low levels at disrupting enzyme systems in the body, but may not be proportionately worse at higher levels.

Dr. Richard Gautier in France offered a full description of active mechanisms for the action of non-thermal EMFs. There are peer-reviewed scientific studies for each step of the processes that can lead to chronic diseases such as cancer, leukemia and neurological diseases. These conditions often require longer time periods to develop and the Precautionary Principle (see later) ought to be applied when adding new sources of microwave radiation such as those from Smart Meters that are active night and day in our homes and places of work.

On page 14 of the CCST report, the statement “*There is currently no definitive evidence linking cell phone usage with increased incidence of cancer*” is another misleading statement that tends to minimize the cancer risk from cell phones. If the authors of the CCST report had looked at other papers from the scientific literature (not mentioned in pages 38-44 of the CCST report), they might come to different conclusions.

There is mounting evidence of various types of tumors being caused from cell phone usage including parotid gland tumor (Czerninski, 2011), meningioma (Hardell et al., 2006), acoustic neuroma (Sato et al. 2011), brain tumors (Hardell & Carlberg, 2009) and testicular tumors (Hardell et al., 2007), to name only some. Considering the increasing number of scientific papers describing various types of tumors associated with non-thermal radiation from cell phones that are appearing in the medical literature, it is not helpful that non-thermal

radiations from Smart Meters, which might potentially add to our long-term susceptibility to serious diseases, be minimized as was done in the report.

2. The minimization of the need for lower exposure standards

The report states on page 8 that “...given the existing uncertainty about non-thermal effects, there is no generally accepted, definitive, evidence-based indication that additional standards are needed.” This statement is misleading since an international collaboration of researchers in this field have called for a reexamination of the current ANSI standard based on the increasing evidence of the adverse effects of low-level electromagnetic fields (Hardell and Sage, 2008). Various research groups have consistently warned that the existing guidelines may be inadequate (Hyland, 2000; Levitt & Lai 2010; Bioinitiative Report, 2007).

Even the International Commission on Non-Ionizing Radiation Protection (ICNIRP) stated in 1998 that “interpretation of several observed biological effects of electromagnetic fields is further complicated by the apparent existence of “windows” of response in both the power density and frequency domains. There are no accepted models that adequately explain these phenomena, which challenge the traditional concept of a monotonic relationship between the field intensity and the severity of the resulting biological effects.” (ICNIRP, 1998). In other words, there are windows of sensitive biological response in which potential health effects can occur at much lower exposure levels than currently mandated by the FCC standards.

Already in 1999, the federal government’s Radiofrequency Interagency Work Group (RFIAWG) had “identified certain issues that we believe need to be addressed to provide a strong and credible rationale to support RF exposure guidelines.” Dr. Gregory Lotz from the Department of Health and Human Services, National Institute for Occupational Safety and Health addressed these specific issues in a letter dated June 17, 1999 to Mr. Richard Tell, then Chair of the IEE SCC28 (SC4) Risk Assessment Work Group. Ironically, it was this same Richard Tell Associates of Las Vegas, NV who wrote the report for PG&E describing the apparent safe exposure limits of the Smart Meter program that was also referenced in the CCST report (Tell, 2005; Tell, 2008).

The Tell Associates report simplified the apparent safety of the Smart Meter radiation by: 1. Only considering a single isolated Smart Meter radiator in free space; 2. Time averaging the pulse RF radiation so that it appeared as a low level of 8.8 uW/cm²; 3. Not considering other RF microwave emitters in the home environment; and 4. Considering only ground wave reflections of the microwave emissions and no other reflective surfaces (see below). The report also does not address the concerns of the federal RF Interagency Work Group including among other concerns: 1. The biological basis for local SAR limit; 2. the selection of an adverse effect level; 3. the nature of acute versus chronic exposure; 4. the intensity or pulsed or frequency modulated RF exposure; and 5. the issue of time averaging. These are critical issues which makes the issue of proper exposure guidelines a central issue in this matter. It further casts great doubt on the conclusions of the CCST report that downplays the need for new, lower exposure standards.

Epidemiologic evidence is a major contributor to the understanding of the potential effects of EMF on health. The International Agency for Research on Cancer (IARC) classified EMF as

a “possible human carcinogen”, or a Group 2B carcinogen; (IARC, 2002) this classification was mostly based on consistent epidemiological evidence. Although the body of evidence is always considered as a whole, based on the weight of evidence approach and incorporating different lines of scientific enquiry, epidemiologic evidence, as most relevant, is given the greatest weight.

Several European countries, having taken a deeper look at recent scientific data, are beginning to follow a different approach to the RFR question. They recommend prudent avoidance in siting cell tower antenna installations near schools, hospitals or wherever people congregate. This approach is part of what is called the Precautionary Principle, which has been adopted in many countries, including the U.S., for various applications in international treaties. The Precautionary Principle holds that when questions of safety are concerned, precautions should be taken to protect public health even if scientific data is incomplete, or the mechanisms of action are not understood (Levitt, 2000; Kheifets et al., 2001).

3. The increase in radiation levels at potential local hotspots through reflection

Although it is true that the Smart Meters comply with current U.S. Federal Communications Commission (FCC) guidelines because they operate below the existing power density thresholds, power density is not the only factor determining biological effects from radiofrequency radiation. The power density level safety standards are solely based on thermal considerations, yet it is the non-thermal radiation levels that are the key to potential health impacts. The non-thermal effects occur at lower levels from various emitting radiators now in common use including cell phones, cordless phones, Wi-Fi, Wi-Max, to name only some. Smart Meters add to this cumulative ubiquitous low-level background microwave environment.

RFR can increase to higher levels than anticipated due to surface and ground reflections from the various radiators. (Hondou, 2002; Hondou et al, 2006; Vermeeren et al, 2010), even at some distance from the sources. These scientific studies suggest that reflectivity from other metallic surfaces and reflective materials could increase the power density of the RF fields significantly, leading to the development of hot spots in our homes. Richard Tell Associates report commissioned by PG&E in 2005, and updated in 2008, contained calculations of the intensity of RF fields produced by the Smart Meters that included only ground reflections estimated to increase the field strength by 1.6 times (equivalent to a 2.56-fold increase in the power density). In light of recent scientific findings and actual computer modeling studies, the Tell estimate of ground reflectivity may be significantly too low and does not address the development of possible hotspots in the home. If microwave hotspots occurred near sleeping quarters or near a baby’s crib, their health impact could be highly significant. Sage Associates report, which made some estimates of Smart Meter impacts through computer modeling, even suggests that under certain assumptions the emissions from Smart Meters and their local reflections might even exceed FCC standards (Sage, 2011).

The CCST report never even acknowledged the need for computer modeling to ascertain the potential risk of higher microwave radiation levels in our homes as a result of Smart Meter installation, alone or in interaction with other microwave emitters. We believe that such modeling is vital if the public is to know the potential for the development of hot spots in

sensitive living areas. The Richard Tell Associates study carried out for PG&E did not consider other microwave sources in the environment stating, *“The study does not take into account the potential for RF fields that may be produced by other devices or systems that are not part of the Smart Meter program upgrade. Such devices or systems include cellular telephones, cellular telephone base stations, broadcast radio and TV stations, microwave ovens used in the home or any other source of RF energy.”*

4. The lack of information about the impact of pulsed radiation from Smart Meters

There is considerable difference between the biological impact of pulsed microwaves, as produced by Smart Meters, compared to continuous waves, such as those produced by microwave ovens. No distinction is made in the safety criteria between continuous and pulsed waves because of the narrow-minded focus on thermal damage alone. Many scientific studies have pointed out that radiofrequency radiation with different modulations and pulse characteristics produce different biological effects even though they may produce the same pattern of different specific absorption rate distribution and tissue heating (Levitt & Lai, 2010).

Peer-reviewed studies have shown that the differences in modulation patterns and waveforms can produce quite different biological effects. They include the works of Arber and Lin (1985); Campisi et al (2010); Huber et al. (2002); Luukkonen et al. (2009); d’Ambrosio et al (2002), among many others. Already Soviet research in the 1960s showed that pulsed waves induced stronger and often inhibitory biological and neurological effects than continuous waves (Osipov, 1965). A review of the hazards to U.S military personnel from high frequency electromagnetic radiation was provided by Pollack (1967) which gives an overview of the extensive Eastern European research in this field.

Marha (1963) described allowable intensities for frequencies above 300 MHz in Czechoslovakia for continuous waves as 25 $\mu\text{W}/\text{cm}^2$ but limited pulsed waves to only 10 $\mu\text{W}/\text{cm}^2$. Note that these Czech recommended levels were considerably lower than the approximately 600 $\mu\text{W}/\text{cm}^2$ allowed for the RFR from Smart Meters operating in the low 900 MHz band mandated by the FCC based on only thermal consideration. Also not well known in the West is the Soviet work showing the adverse effect of non-thermal pulsed microwave radiation on cardiac rhythms in animals (Presman & Levitina, 1962).

The CCST report is misleading because it compares the Smart Meter emissions to those of microwave ovens. Microwave ovens produce much higher power output but are not modulated or pulsed in any way. It is imperative to understand that it is the modulation or pulsation pattern that leads to biological effects at non-thermal power levels. Biologically-sensitive amplitude windows have been found at specific frequencies that lead to the selective release of calcium from cell membranes. However, above and below these unique power densities there is no observable effect. Pulses and square waves have the greatest biological impact because they produce rapid changes in voltage across biological membranes. Un-modulated carrier waves have little or no biological effect except if their power is sufficient high, such as in microwave ovens. Comparing the power levels between modulated and un-modulated devices, as the CCST report does, is thus misleading.

The potential health effects from chronic exposure to pulsed, low power density level electromagnetic fields might take several years to appear. These types of radiations produced by Smart Meters are of concern for their potential health impacts on the electrically hypersensitive part of the population. In Sweden, electrohypersensitivity (EHS) is an officially recognized functional impairment; however it is not regarded as a disease (Johansson, 2006). Electrical hypersensitivity has been reported by many authors from various industrialized countries over the last 20 years. The CCST report does not consider this segment of our population at all. Yet in the United Kingdom there are excellent resources about this condition, especially the work of Bevington (2010) containing over 700 references.

The ICNIRP, IEEE and ANSI standards that are currently in effect consider only thermal effects of microwave radiation where the energy absorption is fairly linear and thus the protective guidelines are logical. However these energy absorption guidelines would not be appropriate when frequency-specific amplitude windows are involved leading to adverse biological effects that can depend on modulation patterns, pulse repetition rates, duty cycles, and other frequency spectrum characteristics. With the current PG&E-mandated Smart Meter program having a 20-year life expectancy, Californians will be living with potential health impacts from this unproven technology in our homes for the next two decades.

5. The lack of information on the health impacts of night-time radiation from Smart Meters

Another problem that was not addressed in the CCST report is potential health effect of microwave radiation exposure during our sleep which may adversely affect our biological and circadian rhythms (daily physiological regulatory cycles). Smart Meters will pulse intermittently day and night and may have an adverse effect on sleep cycles. We do not use our cellphones during sleep, yet Smart Meters will continue to emit pulsed RFR all night long.

Exposure to microwave /radiofrequency fields affect the neuroendocrine system causing neuroendocrine chemical modulations and behavioral reactions. Already in 1970s it was known that resonant absorption within the cranium may result in the focusing of energy and the production of electromagnetic “hot spots” in the brain (Johnson & Guy, 1972). Microwaves may disturb the critical hormonal regulatory areas including the hypothalamic-pituitary axis through “low intensity” exposure. The body may elicit “different responses relative to the timing of the exposure with respect to circadian rhythm” (Michaelson, 1982). At night, while sleeping, the body is principally in a repair mode and the exposure to microwave radiation from Smart Meters may potentially be more damaging than exposure during the day. It is vital that long-term exposure studies during the night be carried out to determine if Smart Meter pulsed microwave radiation could have an adverse biological effect on our population.

The European Commission’s Scientific Committee on Emerging and Newly Identified Health Risks report on “Health Effects of Exposure to EMF” stated that “*No health effect has been consistently demonstrated at exposure levels below the ICNIRP-limits established in 1998. However, the data base for this evaluation is limited especially for long-term low-level*

exposure" (SCENIHR, 2009). In other words, we just don't know what will be the long-term effect of consistent low level exposure of RFR such as those imposed by Smart Meters in addition to the other microwave radiation sources now increasingly being used in our homes.

6. The lack of modeling or actual measurements of the contribution from Smart Meters to the existing background microwave radiation

The CCST report is misleading on page 20 where it says that the exposure levels to people living in metropolitan areas is quite low, around 0.005 uW/cm^2 . They base their assertions on an outdated report from July 1986 made by the U.S. Environmental Protection Agency entitled *The Radiofrequency Radiation Environment: Environmental Exposure Levels and RF Radiation Emitting Sources*, EPA 520/1-85-014. This data is totally outdated since it reflects the situation before the modern cellular telephone networks were put in place.

Already in 2000, in Sweden, the radiofrequency and microwave radiation levels in urban areas were approximately ten times higher than they were in the 1980s—and most of the increase is due to wireless communications, according to Dr. Yngve Hamnerius of Chalmers University of Technology in Göteborg, Sweden. Hamnerius measured radiation levels in the 30 MHz-2 GHz frequency range at 26 sites across Sweden with varying levels of urbanization. In cities, the median power density was 0.05 uW/cm^2 , with a 61% average contribution from GSM cell tower base stations. (Microwave News, July/August 2000). In the U.S. we do not have any up-to-date data since the U.S. Environmental protection Agency has not carried out any research studies for two decades. I have personally measured background microwave radiation levels that are hundreds of times higher in many metropolitan areas than the values described in the CCST report using 1986 EPA data.

This increasing amount of background microwave radiation has become of medical concern in many parts of the world. For example in March 23, 2009 European scientists called for a reassessment of the damaging health impacts of increasing levels of electromagnetic radiation (Electrosensibilité : Appel des scientifiques du 23-03-2009). Similarly, in November 2009 a meeting of international experts on the biological effects of electromagnetic fields met in Stavanger, Norway to discuss the unprecedented global exposures to artificial electromagnetic fields from communication and power technologies. Many scientists at this meeting recommended that lower limits be established for electromagnetic fields and wireless exposures due to the health impacts at much lower exposure levels than are now considered safe.

The United States government essentially stopped all research on RF radiation effects on the environment, including population exposure, in 1996. The Environmental Protection Agency's budget and staffing for RF radiation activities was \$821,000 from 1990 to 1995 and only \$25,000 between the years 1996 to 2000 (Levitt, 2000, page 271). Essentially, there was no government money spent in the last 15 years by the EPA to fund a reexamination of the RF exposure limits by the National Council on Radiation Protection and Measurement (NCRP). Our changing microwave environment is thus not being studied by our federal government. If the federal government is not looking after our health concerns concerning low level electromagnetic fields, it is imperative that utilities have their new microwave technologies evaluated by state government research laboratories or public health

organizations prior to letting this technology be deployed on a largely unaware California public.

What is needed is an up-to-date series of measurements in dense urban environment that measures the combined RFR levels from all radiating emitters and estimates or measures the cumulative effect of Smart Meters and collectors to radiation exposure levels in homes. This must include all RFR emitters that are connected to the MESH and home area networks (HAN) as deployed by PG&E. Only independent assessments or measurements of these radiation levels ought to be considered, not those conducted by companies that have direct or indirect connection to the utilities. Until these studies are available, it is recommended that the Precautionary Principle be adopted.

7. The lack of health and environmental consideration by the CPUC when the Advanced Metering Infrastructure (AMI) was approved.

On July 20, 2006, the California Public Utilities Commission (CPUC) issued their final opinion, Decision 06-07-027, authorizing Pacific Gas and Electric to deploy an Advanced Metering Infrastructure (AMI) that would lead to the automation of 5.1 million electric meters and 4.2 million gas meters. The CPUC decision was in response to PG&E's application 05-06-028 filed on July 16, 2005. In Section 7 (Technology) of this CPUC decision, the AMI deployment was described as using Power Line Carrier technology for electric meters and a fixed network system with radio frequency communications channels owned by PG&E for gas meters. The system was to have a useful life of 20 years. In section 15 (Environmental Review) of the Decision, it stated that there is no need for an analysis of PG&E's AMI deployment pursuant to the requirements of the California Environmental Quality Act (CEQA). It appeared that due to the suggested Power Line Carrier technology to be employed, the health or environmental effects were not considered at the time and the CPUC felt under no legal obligation to undertake any environmental review before approving the PG&E application.

On March 12, 2009, the CPUC made another Decision 09-03-026 in response to PG&E's application A.07-12-009 filed on December 12, 2007 to expand the AMI program significantly. Now the CPUC approved the establishment of microwave mesh networks as well as incorporating a Home Area Network (HAN) gateway device into advanced electric meters to support in-home HAN applications; and upgrading PG&E's electric meters to solid state meters, now called Smart Meters. In this decision, which conveniently expanded its 2006 AMI deployment decision, there was absolutely no mention of any environmental or health impact even though a whole new radiofrequency technology infrastructure was now approved for deployment on every home and business in California. We believe that this decision represents a gross degree of negligence by the CPUC in protecting the health and safety of the citizens of California. The CPUC needs to readdress the health and safety issues directly and immediately halt the installation of the Smart Meter program pending clarification of the issues raised by many scientific investigators who have commented on the inadequacy of the CCST report.

Conclusions

The time needed for a new technology to be developed and rolled out is much shorter than the time needed for research to investigate the possible health effects on the general population. The current Advanced Metering Infrastructure using microwaves in the 900 MHz frequency spectrum approved by the CPUC is going to adversely impact the physiology and ultimately the health of many Californians over the next twenty years, the anticipated life time of the Smart Meters now being deployed. This program is being implemented without widespread public knowledge or approval and without the specific informed consent in writing from every household.

Already the most sensitive members of our society, those who are especially vulnerable by being electrically hypersensitive, are registering health complaints such as headaches, sleep disturbances, cognitive difficulties, dizziness, heart palpitations, to name only a few. Most of these symptoms could also be related to other medical conditions making it difficult to ascribe their appearance specifically to the Smart Meters radiation directly. Although not yet recognized in this country as a state of physiological imbalance, hypersensitivity of human subjects to exposure to electric and magnetic fields has been reported for over 20 years by many authors in many industrialized countries. If only 1% of California's population were to report symptoms of electrical hypersensitivity after Smart Meter installation, over 370,000 people might be adversely affected by RFR.

The dissemination of this Smart Meter technology could have been accomplished without using radiofrequency radiation by using much safer power line, fiber optic or telephone communications technology. For example, a Smart Meter power line communications technology was used by Italian utilities in 27 million households using meters designed in California. In the Netherlands, the population concerned about the security and health issues of Smart Meters was given the options to opt out from having the meters installed. Californians were never given this option. Yet this AMI program, costing utility customers over \$2 billion, represents the largest technology roll-out in the history of Pacific Gas and Electric. Ironically, it is being financed by the rate payers without their direct consent.

This program represents an epidemiological experiment involving our unsuspecting population whose outcome will only be fully known after many years exposure. It is being shepherded through the regulatory process by the CPUC who has not seen fit to study the possible adverse health impacts of this technology before approving its usage. It has never shown any willingness to seriously consider the well-documented non-thermal effects of pulsed microwaves on living systems and will undoubtedly use the misleading CCST report to avoid any questions about future health implications of this technology. Because of the uncertainties of adverse long-term health impacts, the CCST ought to have recommended that a Precautionary Principle be invoked that would allow more time to directly study the effect of this pulsed radiation with both in vitro and in vivo testing in realistic settings of the mesh network, especially in high density Smart Meter environments in our cities.

Additionally, in cities the Subterranean Network Deployment System (SUNDS) is now also being installed by PG&E. This will add even higher microwave exposure levels to the general population. Any description of this new system was conspicuously absent from the

CCST report. At a minimum, the utilities and CCST ought to have carried out extensive computer modeling to assess the impact of Smart Meter technology in realistic settings, taking into account the other wireless technologies have already been deployed and which have significantly increased the background microwave exposure of the population over the last 20 years.

In summary, we find that the CCST report is incomplete and misleading giving California State regulators a false sense of security while potentially endangering the future health and well-being of Californians. It is requested that the current Smart Meter deployment be halted pending a more comprehensive scientific investigation of the biological response and health impacts of the non-thermal aspects of this technology. All households should be offered full disclosure about possible exposure levels, modulation patterns, peak power levels and interactions with other parts of the microwave spectrum in their home environments. Additionally, those who are sensitive to this radiation must be given the choice to opt out from having this form of RFR imposed upon their residential dwellings.

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