

Mount, Gail

From: Richard Conrad <rconrad999@hawaii.rr.com>
Sent: Thursday, January 21, 2016 7:11 PM
To: fm.dodge@psncnc.nc.gov; Statements
Subject: Corrected letter on smart meter opt-out tariffs

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Clerk's Office
N.C. Utilities Commission

Edward S. Finley, Jr., Chairman
North Carolina Utilities Commission
4325 Mail Service Center
Raleigh, NC 27699-4300

Subject: DOCKET NO. E100, SUB 141 - Oppose Smart Meter Opt-Out Tariffs

Dear Chairman Finley and Public Staff:

The following is a corrected version of the letter I sent to you yesterday Jan 20 - please discard yesterday's version and substitute this one. Two links have been corrected, a new link added, plus other changes:

I am writing to ask you to oppose smart meter opt-out fees. † I have a Ph.D. in Biochemistry from Johns Hopkins University, and saw that so much harm was occurring to people after smart meters were installed on their homes, that I conducted a Smart Meter Health Effects Survey, the results of which are given in this link: <http://www.mainecoalitiontostopsmartmeters.org/wp-content/uploads/2013/01/Exhibit-10-Smart-Meter-Health-Effects-Report-Survey2.pdf>

The Survey findings were that persons developed severe and disabling symptoms that they had never experienced before in their lives, soon after smart meter installation, in spite of in many cases being completely unaware of the presence of the smart meter at the time their symptoms began. Two additional smart meter surveys by others have also found symptoms that typically include insomnia, tinnitus, headache and heart arrhythmias: <http://emfsafetynetwork.org/wp-content/uploads/2015/03/Symptoms-after-Exposure-to-Smart-Meter-Radiation.pdf> The pulsed microwave transmissions from smart meters not only exacerbate symptoms in persons who are already electrically sensitive, but have caused many persons to become electrically sensitive for the first time in their lives to the point where they can no longer use cell phones or computers, and have had to quit their jobs.

† Numerous peer-reviewed studies have shown that similar pulsed microwave emissions negatively affect brainwaves and sperm in humans, and cause birth defects, DNA damage, leaky blood-brain barrier and other significant harm in animals, including elevated calcium inside cells which causes the malfunction and death of neurons. The dose-response curve is usually very non-linear, such that a 100X reduction in dose will not reduce the effect to 1/100th, but actually only by less than 10-fold, so even the relatively low intensity pulsing of smart meters 24/7 can have a harmful effect on the health and well-being of a significant percentage of the exposed population.

Thus to charge susceptible people, or in fact anyone, an opt-out fee to avoid being exposed to emissions from a smart meter on their own home would without exaggeration be extortion. In spite of what the FCC and smart meter manufacturers claim, their "standards" do not protect people from biological harm at the cellular level; their standards only protect against shocks and gross burns - overheating of flesh from microwaves. This is equivalent to saying if a cigarette does not burn lips, it is therefore safe to inhale. Smart

meters have never been tested for safety on either people or animals; deployment has been occurring without proof of no harm, and in spite of indications of harm from three different surveys.

Smart meter deployments are equivalent to experimenting on humans without their consent, and if an application for such an experiment were to be submitted to an Institutional Review Board (which is the requirement prior to experimenting on humans) it would be rejected outright. Smart meter deployment is in violation of all ten points of the Nuremberg Code, a set of ethical research principles to be fulfilled in any human experimentation, laid down at the end of World War II. (See the end of this letter for the ten points of the Nuremberg Code).

Furthermore, all the customer benefits claimed for smart meters by manufacturers and the utilities are propaganda, and include:

- 1) more monitoring and control of usage by customers (but it has been proven that most customers won't use this feature);
- 2) more rapid localization of and response to outages (but this is unnecessary because there is already usually a computerized system in place where customers dial a trouble telephone number direct to the utility office computer which then automatically registers the address);
- 3) not having to hire meter readers (but there are alternate automated systems such as monthly reporting by customers using postcards or phone).

The real reason for smart meter deployment is not to save energy (because they don't); it is not to monitor usage to adjust voltages in different areas (because there are far less expensive and intrusive means to accomplish this such as Power Quality Monitors on phone poles every few blocks); but their main real reason is to glean marketing information from personal behaviors of customers which the utilities can then sell to marketing companies. See: <http://smartgridawareness.org/2016/01/20/big-profits-for-the-utilities/> and also <http://smartgridawareness.org/2016/01/11/industrial-profiteering-and-government-sanctioned-surveillance/>

Smart meters are a huge mistake: Nine Reasons Why Today's Smart Meter Systems are a Mistake
(5/9/14)

No one should be penalized for refusing a smart meter, especially if opting out for health reasons.

Thank you,
Richard H. Conrad, Ph.D.

The Nuremberg Code (From the U.S. Dept. of Health & Human Services
website <http://www.hhs.gov/ohrp/archive/nurcode.html>)

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all

inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an *apriori* reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.
10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and

careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.