

Date: _____ Name: _____ DOB: _____

PATIENT PHONE CALL

Message For TC / Mary CaringURGENT ☐ Yes ☐ No

Patient's Name _____ Age _____ Weight _____

Caller _____ Home Phone 223-4040 Work Phone _____Pharmacy RAT Pharmacy Phone _____REGARDING: ☐ Illness ☐ Phone Follow-up ☐ Rx1' Refill
☐ Injury ☐ Referral ☐ Test Results
☐ Medications ☐ Returning Call ☐ Other _____

MESSAGE:

Pt calling because
she is taking Keflex
due to being treated
for Lyme By TC, Pt

Date _____ Time 0812 By EC

PROBLEM

RESPONSE:

Still having symptoms
and wanted to know
if she could go
on doxycycline.

yes we can on paper

OK TO FILE

By CS/29/12

(3/27/12)

7/25/12 ID: TSH. in
10-12-12 - Pt Blood draw TSH

HPI ☐ Location ☐ Quality ☐ Severity ☐ Timing ☐ Duration ☐ Context ☐ Modifying Factors ☐ Assoc S&S

Brief: Acute problems: 1-3 Elements or 1-2 Esab Problems Extended: Acute Problems: 4+ Elements or 3+ Esab Problems

2
I
No Change-See: [REDACTED]

3a	No Change-See: Immunizations, Surgery, Trauma, Wounds, Head/Neck	
----	--	--

HL

PN

3b	No Known Drug Allergies	No Change-See:
----	-------------------------	----------------

See list

MEDS ☒ No Change - See: ☐ No Medications

See 1.04

labs drawn;

Blood draw TSH —

Dear Sir,

✓

2 She is wondering if she has

700 11

response" → Hay origin in the

100	N	ABNORMAL	App
-----	---	----------	-----

POS	NI	ABNORMAL	300
			Note
post	<input checked="" type="checkbox"/>	Fever <input type="checkbox"/> Lethargy <input type="checkbox"/> Distress <input type="checkbox"/> A Stoop	

yes	<input type="checkbox"/> <input checked="" type="checkbox"/> Vision <input type="checkbox"/> Pain <input type="checkbox"/> Redness <input type="checkbox"/> O/C	
-----	---	--

ST/M	<input type="checkbox"/> <input checked="" type="checkbox"/> Hearing <input type="checkbox"/> ST <input type="checkbox"/> Pain: _____
------	---

✓	<input type="checkbox"/> CP <input type="checkbox"/> Palpitations <input type="checkbox"/> Syncope <input type="checkbox"/> Ankle Swelling
---	--

resp	<input type="checkbox"/> SOB <input type="checkbox"/> DOE <input type="checkbox"/> Cough <input type="checkbox"/> Wheezing	
------	--	--

	<input type="checkbox"/> Constip	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Indig	<input type="checkbox"/> \diamond Appetite	<input type="checkbox"/> N/V
	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Nephritis	<input type="checkbox"/> ...	

	<input type="checkbox"/> Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Nocturia <input type="checkbox"/> Abnl Menses
S	<input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Pain:

☐ Rash ☐ Itching ☐ Mass ☐ OC ☐ Jaundice

uro	<input type="checkbox"/> Weakness <input type="checkbox"/> Dizziness <input type="checkbox"/> Confusion	
-----	---	--

ch	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Panic Disorder	
----	--	--

do	<input type="checkbox"/> Hoag/Cold Intol	<input type="checkbox"/> Gaiter	<input type="checkbox"/> Hair Loss	
----	--	---------------------------------	------------------------------------	--

ph	<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Bruising
ny	<input type="checkbox"/> Stomat	

<input type="checkbox"/> HIV08	BIC
--------------------------------	-----

RTG: O W M PRN

we offered neurology consult

and she will think about. For

~ stat cell 23 p. 90

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

little and good another

ca

ax ☐ Pneumovax ☐ dT ☐ Scrn Colonoscopy ☐ B Density ☐ PSA

Doc=1 ☐ Obtain Old ☐ Summary/Review Old Records or
Records=1 ☐ Obtain Additional Hx = 2 (Specify)

Estab	Time	<input type="checkbox"/> Counseling/Coordination > 50% (C/C Time min/Total Time: min)

Now	(min)	re
99212	10	
99213	20	

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99214	25	Redacted 248 of 293
99204	45	

5/05/11 Copyright Sunbun Primary Cafe

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MEDICAL ASSOCIATES LABORATORY

MD-Director

Patient: [REDACTED]

Patient #: [REDACTED]

Birth: [REDACTED]

Age: 62 years

Home Phone: [REDACTED]

Gender: Female

Work Phone: [REDACTED]

Accession No:	410046	405175	380943	375836	341887	320383	313050	120448		
Doctor:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
Collection Date:	10/12/2012 10:52	07/25/2012 07:59	07/15/2011 10:38	05/05/2011 09:12	02/02/2010 07:57	04/17/2009 08:17	01/07/2009 08:14	11/01/2002 10:15		
Fasting Status:	NO	NO	UNKNOWN	YES	YES	YES		UNKNOWN		
NA				138		143		143		135 - 148 MEQ/L
K				4.4		4.1		4.1		3.5 - 5.3 MEQ/L
CL				102		103		107		98 - 110 MEQ/L
CO2				29		32		25		24 - 34 MEQ/L
GLUCOSE				73		81		74		70 - 110 MG/DL
BUN				13.0		17.0		17.0		6.0 - 20.0 MG/DL
CREA				0.7 L		0.8		0.8		0.8 - 1.4 MG/DL
CALCIUM				8.1 L		8.4		8.7		8.3 - 10.0 MG/DL
ALBUMIN				3.8		4.0		4.3		3.4 - 5.0 G/DL
T. BILI				0.4		0.4		0.4		0.0 - 1.2 MG/DL
AST (SGOT)				24		19		14		7 - 40 U/L
ALT (SGPT)				39		32		28		10 - 65 U/L
ALK PHOS				100		85		68		42 - 141 U/L
T.PROT				7.0		6.9		7.1		6.0 - 8.5 G/DL
GFR				90.4		78.0				ml/min
CHOL				252 H	225 H	177	259 H			140 - 200 MG/DL
TRIG				84	55	42 L	88			45 - 150 MG/DL
HDL				89.0 H	90.0 H	87.0 H	75.0 H			26.0 - 72.0 MG/DL
HDL/CHOL				35.3 H	40.0 H	49.2 H	29.0 H			13.9 - 22.2 %
VLDL				16.8	11.0	8.4 L	17.6			9.0 - 30.0 MG/DL
LDL CALCULATED				146.2 H	124.0	81.6	166.4 H			74.0 - 140.0 MG/DL
TSH	2.570	6.940 H	1.970	0.210 L	0.420		0.480	4.117		0.350 - 5.500 UIU/L

Reviewed By: [REDACTED]

Date: [REDACTED]

[Handwritten Signature]

L = Low CL = Critical Low BL = Borderline Low IL = Invalid Low A = Abnormal
H = High CH = Critical High BH = Borderline High IH = Invalid High N = Normal

Cumulative Report

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FAMILY MEDICINE

Dear _____,

The results of your tests are as follows:

- ☐ Blood tests
 - ☐ Total Cholesterol = _____ (Goal is less than 200)
 - ☐ Triglycerides = _____ (Goal is less than 200)
 - ☐ HDL Cholesterol = _____ (Goal is greater than 35)
 - ☐ LDL Cholesterol = _____ (Goal is less than 130)
 - ☐ Hemoglobin A1C = _____ (Goal is less than 7%)
 - ☐ Blood sugar = _____
 - ☐ Prostate Blood test (PSA) = _____
 - ☒ Other: Thyroid 2.57 (Normal)
- ☐ PAP Smear
- ☐ Culture
- ☐ Mammogram
- ☐ MRI
- ☐ CT
- ☐ Bone Density
- ☐ Ultrasound
- ☐ Other test results: _____
 - ☐ Normal.
 - ☐ Continue same medication.
 - ☐ Results too high
 - ☐ Follow diet closer
 - ☐ Change medication: _____
 - ☐ Repeat test: _____
 - ☐ Call medical assistant for instructions.
 - ☐ Call office for an appointment.
 - ☐ Comment: _____

*Orig Mailed to
PT 10-15-12
- Jk*

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

Sincerely,

Family Medicine

FAI MEDICINE (A Division of Primary Care)

NAME: [REDACTED] CHART # [REDACTED]

DATE: 11-6-12 VS T: 98.3 BP: 112/80 P: 72 Wt: 166 Ht: 5'10" V: A S: O: D:

Visit Type: ☐ FU ☐ D ☐ W ☐ M ☒ Acute ☐ Hosp/ER FU ☐ CPX ☐ Consult ☐ Other ☒ New ☐ Estab Initials: [REDACTED]

Smoker: Current ☐ Former ☐ No ☒ PPD: ☐ Y ☒ N ETOH: ☐ Y ☒ N Exposure: ☐ Y ☒ N Marital Status: ☐ S ☒ M ☐ D ☐ W Occupation: [REDACTED]

HPI: ☐ Location ☐ Quality ☐ Severity ☐ Timing ☐ Duration ☐ Context ☐ Modifying Factors ☐ Assoc S&S ☐ No Change-See: [REDACTED]

PMH: ☐ No Change-See: [REDACTED]

3b2 ☒ No Known Drug Allergies ☐ No Change-See: [REDACTED]

3c MEDS: ☐ No Change-See: [REDACTED] ☐ No Medications

Here to establish. His main complaint is that he has ringing in the ears (mainly the @) he thinks as a result of the cml "Smart meta" that his neighbor has. The ringing started just recently within 1 week. He has complained to cml and his neighbor neither of which have done anything about it. He is in today to establish that he is relatively healthy and doesn't have an ear infection

11-6-12 - Bd draw cml, CBC, [REDACTED]

EXAM	NL	Sec Note
Const	<input checked="" type="checkbox"/>	
Eyes	<input checked="" type="checkbox"/>	
ENT/M	<input checked="" type="checkbox"/>	
CV	<input checked="" type="checkbox"/>	
Resp	<input checked="" type="checkbox"/>	
GI	<input checked="" type="checkbox"/>	
GU	<input checked="" type="checkbox"/>	
MS	<input checked="" type="checkbox"/>	
Skin	<input checked="" type="checkbox"/>	
Neuro	<input checked="" type="checkbox"/>	
Psych	<input checked="" type="checkbox"/>	
Heme	<input checked="" type="checkbox"/>	
Lymph	<input checked="" type="checkbox"/>	
Immun	<input checked="" type="checkbox"/>	

☒ No Distress

ROS	NL	ABNORMAL	Sec Note
Const	<input type="checkbox"/>	Fever <input type="checkbox"/> Lethargy <input type="checkbox"/> Distress <input type="checkbox"/> Sleep <input checked="" type="checkbox"/>	
Eyes	<input checked="" type="checkbox"/>	Vision <input type="checkbox"/> Pain <input type="checkbox"/> Redness <input type="checkbox"/> D/C	
ENT/M	<input type="checkbox"/>	Hearing <input type="checkbox"/> ST <input type="checkbox"/> Pain	
CV	<input checked="" type="checkbox"/>	CP <input type="checkbox"/> Palpitations <input type="checkbox"/> Syncope <input type="checkbox"/> Ankle Swelling	
Resp	<input checked="" type="checkbox"/>	SOB <input type="checkbox"/> DOE <input type="checkbox"/> Cough <input type="checkbox"/> Wheezing	
GI	<input checked="" type="checkbox"/>	Constip <input type="checkbox"/> Diarrhea <input type="checkbox"/> Indig <input type="checkbox"/> Appetite <input type="checkbox"/> NV	
GU	<input type="checkbox"/>	Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Nocturia <input type="checkbox"/> Abnl Menses	
M/S	<input checked="" type="checkbox"/>	Swallowing <input type="checkbox"/> Stiffness <input type="checkbox"/> Pain	
Skin	<input type="checkbox"/>	Rash <input type="checkbox"/> Itching <input type="checkbox"/> Mass <input type="checkbox"/> DC <input type="checkbox"/> Jaundice	
Breast	<input type="checkbox"/>		
Neuro	<input checked="" type="checkbox"/>	Weakness <input type="checkbox"/> Dizziness <input type="checkbox"/> Confusion	
Psych	<input type="checkbox"/>	Depression <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Panic Disorder	
Endo	<input type="checkbox"/>	Heat/Cold Intol <input type="checkbox"/> Goiter <input type="checkbox"/> Hair Loss	
Heme	<input type="checkbox"/>	Lymphadenopathy <input type="checkbox"/> Bruising	
Lymph	<input type="checkbox"/>		
Allergy	<input type="checkbox"/>	Hives	
Immun	<input type="checkbox"/>		

ASSESSMENT E = Estab/Chronic N = New M = Minor/Self Limited S = Stable U = Unstable W = Work Up Needed # PLAN RTC: 1 D W M PRN

Trinitin and cause

Return 1 mo for cml
lab cml, CBC today

Health Maintenance ☐ Mammo ☐ Flu Vax ☐ Pneumovax ☐ dT ☐ Sern Colonoscopy ☐ B Density ☐ PSA

DX: ☐ SL/M=1 ☐ Each Est Prob=1 ☐ New Prob - No WU=3 (Max=3) ☐ New Prob w/WU=4 ☐ Review/Order Lab EKG, XR, Oxi=1 ea ☐ Indep Rev ☐ Discuss w/Doc=1 ☐ Obtain Old Records=1 ☐ Summary/Review Old Records or Obtain Additional Hx=2 (Specify)

Hx - Need 3 of 3 at or above level MDM - Need 2 of 3 at or above level CODE: Estab: 2 of 3 at or above level New: 3 of 3

HPI	ROS	PFSH	Level	Dx	Data	Risk	MDM	Hx	Exam	Estab	New	Time
Brief 1-3	0	0	PF	1	0-1	1 SL/Minor	SF	PF	1	99212		10
Acute Elements	1	0	EPF	2	2	2+ SL/Minor, 1 Estab Stable, OTC Rx, PT/OT 1 Acute Uncomplicated Illness or Injury	SF	EPF	2-4	99202		20
Extended 4+	2-9	1	D	3	3	1+ Estab Unstable, 1 Acute w/Systemic Sx 2+ Stable Estab, New Prob/2 Prog, Rx Med	LC	EPF	2-4	99213		15
Acute Elements	10+	2/3	C	4	4	Life threat, Suicide, Abrupt Neuro Change Estab Very Unstable, Intense Rx Mon, DNR	MC	C	5-7	99214		25
							MC	C	8-OS	99204		45
							HC	C	8+OS	99215		40
							HC	C	8+OS	99205		60

Family Medicine Problem List

Name _____ DOB: _____
 Address _____ Phone (Home) _____
 (Work) _____
 Emergency Contact: _____ Relationship *wife* Tel: _____

Date	Problem	Date	Problem
	<i>Ø</i>		

Allergies	Surgical History	Social History
<i>Ø</i>	<i>Testicular surgery 1840</i>	ADVANCE DIRECTIVE YES/ NO
		Tobacco Y/ <i>(N)</i> Quit
		Pack Years
		ETOH Y/ <i>(N)</i> Quit

Health Maintenance Date	Immunizations
CPX	Flu
BMI	Flu
EYE EXAM	Pneumonia
COLONOSCOPY	TD
NEXT DUE	
PAP	Zostavax
MAMMOGRAM	Meningiococal
BONE DENSITY	Hep B
PSA	Gardasil

DISEASE STATE MONITORING	RESULT / DATE
A1C	
Date	
Microalb	
Date	
CHOL	
Date	
LDL	
Date	
HDL	
Date	

PATIENTS FAMILY HISTORY

Relative	Living	Deceased	Cause of death	Age at Death
Father 72	✓			
Mother 67 70	✓			
Brothers				
Sisters				
Sons				
Daughters				
Maternal Grandfather				
Maternal Grandmother				
Paternal Grandfather				
Paternal Grandmother				

Any family members known to have:

(check all boxes that apply)

	Father	Mother	Brother	Sister	Son	Daughter	
Heart Attack							
High B.P.							
Diabetes							
Stroke							
TB							
Epilepsy							
Migraines							
Thyroid Disease							
Cancer							
Heart Disease							
Asthma							
Allergies							
Alcoholism							
Ulcers							
Colitis							
Kidney Disease							
Arthritis							

MEDICAL

MD-Director

MD-Director

Cumulative Report

Patient: [REDACTED]

Patient #: [REDACTED]

Birth: [REDACTED]

Age: 45 years

Home Phone: [REDACTED]

Gender: Male

Work Phone:

[illegible]

L = Low CL = Critical Low BL = Borderline Low IL = Invalid Low A = Abnormal
H = High CH = Critical High BH = Borderline High IH = Invalid High N = Normal

Cumulative Report

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MEDICAL ASSOCIATES LABORATORY**Cumulative Report**

MD-Director

Patient: [REDACTED]		Patient #: [REDACTED]								
Birth:	[REDACTED]	Age:	45 years	Home Phone:	[REDACTED]					
Gender:	Male			Work Phone:	[REDACTED]					
Accession No:	411628									
Doctor:	[REDACTED]									
Collection Date:	11/06/2012 09:40									
Fasting Status:	NO									Ref. Range Units
Reviewed By: _____				Date: _____						

謙

泰

January 7, 2013

To Whom It May Concern

Re: [REDACTED]

I treated both [REDACTED] and [REDACTED] three times in late November and December 2012. They were both complaining of severe tinnitus and insomnia occurring after installation of 'smart meters' by Central Maine Power in their neighborhood. For Ms. [REDACTED], symptoms also included pain and burning in the hands. Both were agitated from the lack of sleep.

Each treatment ameliorated their condition and, so long as they stayed in places with low EMF levels, they were able to get some rest and to relax. Immediately on returning to their home or to any place with high EMF levels, symptoms would re-emerge with similar or greater intensity.

I treated both Mr. [REDACTED] and Ms. [REDACTED] for depleted pulse and low Qi energy and believe that their condition was directly stimulated by the high level EMFs encountered at home which then pushed them both past a tipping point where even moderate EMF exposure would reactivate the symptoms.

Please feel free to contact me if you need further information.

Sincerely,

[REDACTED]
[REDACTED], M.Ac.

**PRE-FILED DIRECT TESTIMONY
OF [REDACTED]
MPUC Docket No. 2011-00262**

1 **Q. Please state your name and address.**

2 **A. [REDACTED]**

3 **Q. Was a CMP smart meter installed at your residence? If so, state**
4 **approximately the date when it was installed.**

5 **A. Yes. On December 20, 2010.**

6 **Q. If the smart meter was removed and replaced by an analog meter at your**
7 **request, please describe the circumstances of your request or complaint to**
8 **CMP and their response.**

9 **A. After determining that my severe illness was caused by the meter, we consulted an**
10 **electrician on January 27, 2011, to move it to the utility pole behind our home. He**
11 **called CMP and learned that it would need to be mounted on a post instead of the**
12 **pole. Since this could not be done until Spring, CMP agreed to replace our original**
13 **analog meter. This was done on January 28, 2011. See my statement dated**
14 **February 13, 2011, attached as Exhibit A.**

15 **Q. If you do not currently have a smart meter, are you paying the opt-out fees?**

16 **A. Yes.**

17 **Q. Please describe why you do not want a smart meter at your residence.**

18 **Identify any health concerns you may have about smart meters and whether**

1 **these concerns are based upon any specific physical or medical conditions that**
2 **you or any of your family members may have.**

3 A. I am highly sensitive to EMF as well as other environmental toxins and allergens.
4 This was the most severe, life-threatening attack I have ever had.

5 **Q. Please describe the symptoms or adverse effects you experience while in the**
6 **proximity of smart meters.**

7 A. My severe attack included vertigo, seizures, muscle paralysis, mental confusion and
8 paranoia, headaches, back and leg pain, chest pains, blurred vision, and rashes
9 resulting in panic attacks.

10 **Q. Do you experience electromagnetic sensitivity symptoms in proximity to radio**
11 **frequency devices, such as Wi-Fi, microwave ovens, cell phones, cordless**
12 **phones, smart meters or other devices? Please describe the symptoms and**
13 **the circumstances when they occur.**

14 A. I do not use WiFi or cell and cordless phones, and limit my use of microwave ovens,
15 TV, computers and x-rays. X-rays cause the most severe symptoms, the others
16 more minimal.

17 **Q. If you have physical or medical conditions, including sensitivity to**
18 **electromagnetic radiation, have these conditions been diagnosed? Identify**
19 **the diagnosis or description of the condition.**

20 A. All of these conditions respond well to my acupuncture treatments, but are not
21 permanently healed.

1 **Q. Has your physician or other medical care provider made any**
2 **recommendations about exposure to electromagnetic devices, including smart**
3 **meters? Please attach any recommendations in writing from your health care**
4 **provider.**

5 A. Yes. I receive acupuncture treatments twice weekly to alleviate these symptoms.
6 See attached Exhibit B.

7 **Q. Did your symptoms or adverse reactions cease when the smart meter was**
8 **removed? Describe the circumstances.**

9 A. The most severe symptoms improved immediately. Others gradually lessened.

10 **Q. Has your experience with smart meters caused any disruptions in your daily**
11 **living? Please describe the circumstances?**

12 A. I have to limit the time that I spend in all buildings with smart meters. Vertigo and
13 severe back pain are the first symptoms to appear. I am gradually becoming a
14 recluse.

15 **Q. Please tell us anything else that you want us or the Public Utilities Commission**
16 **to know about your experiences and circumstances.**

17 A. Since other environmental toxins may cause similar mental problems as the smart
18 meter does, I do not feel that I can testify in person. I would not be able to think
19 and communicate clearly. Hopefully, I might be able to testify by phone. I am
20 enclosing my letter which was included in the original petition to CMP. EMF
21 sensitivity is real, and it is regrettable that CMP did not research this problem more
22 thoroughly and look for a safer meter.

Dated this 9th day of January, 2013.

[REDACTED]

STATE OF MAINE
CUMBERLAND, ss:

January 9, 2013

Personally appeared the above-named [REDACTED], and stated under oath that the foregoing Affidavit made by her is true and based upon her own personal knowledge, information or belief, and so far as upon information and belief, she believes the information to be true. Before me,

Barbie L Wilson
Notary Public/Attorney-at-Law
Barbie L Wilson

Name Typed or Printed

My Commission Expires: March 5, 2017

BARBIE WILSON
Notary Public, Maine
My Commission Expires March 5, 2017

FEBRUARY 13, 2011



A Smart Meter was installed on our home in Windham on December 20. Within a few days, I did not feel well, being unsteady on my feet and feeling dizzy when getting out of bed. On January 5, I became dizzy while bowling in my league at Yankee Lanes and had to stop. During the following three weeks I became severely ill with vertigo, seizures, muscle paralysis, mental confusion, headaches, back and leg pain, chest pains, blurred vision, panic attacks, and rashes. I was unable to follow my usual routine of grocery shopping, bowling twice weekly, attending church services, and exercising at Curves. My husband drove me everywhere and took over most of my household duties. He watched me constantly for fear of my falling or injuring myself in some way. One day I had the feeling that I just had to get out of our house, and I did find some relief by sleeping and staying in my car, and then by spending three nights in motels in Scarborough and Freeport where Smart Meters have not been installed. The symptoms always returned when I was in the house. After a thorough medical exam, blood and urine tests, and lower back x-rays disclosed nothing that would be causing these symptoms, I suspected that the Smart Meter might be the problem. CMP agreed to remove the Smart Meter, temporarily replacing our old meter until the PUC determines their future use. I immediately began feeling better at home. This past week I resumed driving and tried to return to my normal activities, but have found that the vertigo and other discomforts began to reoccur after I spent more than an hour in buildings equipped with Smart Meters. I already have to limit my exposure to energies such as microwave ovens, cell phones, and radiation, which have caused similar symptoms. This was the most severe, life-threatening attack that I have ever experienced, so I know that I will not be able to tolerate a Smart Meter on our home under any circumstance. I would greatly appreciate being able to continue using our original CMP meter.

Sincerely,





[Redacted]

(207) 846-4433

Fax (207) 846-1366

[Redacted]

[Redacted]

10/23/2012

To whom it may concern:

RE: Patient, [Redacted]

I have examined [Redacted] and have been treating her since Smart Meters were installed in the spring of 2011. She has extreme sensitivity to the electromagnetic frequency of Smart Meters. She has responded to treatment with moderate success, but is still very sensitive and symptomatic when in close proximity to Smart Meters or their transformers/repeaters. Her symptoms include dizziness, nausea, headaches, disorientation, fever, joint pain and vertigo. Should you need any further information, please do not hesitate to contact me.

Sincerely,

[Redacted Signature]

**PRE-FILED DIRECT TESTIMONY
OF [REDACTED]
MPUC Docket No. 2011-00262**

1 **Q. Please state your name and address.**

2 [REDACTED]
3 [REDACTED]
4 [REDACTED]

5 **Q. Was a smart meter installed at your residence?**

6 **A. No.**

7 **Q. Did you have an adverse reaction to the meter?**

8 **A. My symptoms began following the installation of smart meters in my neighborhood.**

9 **Q. If you do not currently have a smart meter, are you paying the opt-out fees?**

10 **A. Yes.**

11 **Q. Please describe why you do not want a smart meter at your residence.**

12 **A. As a licensed Radio Ham [REDACTED], several years ago I became aware of the**
13 **dangers of the additive effects of radio frequency radiation through the proliferation**
14 **of wireless devices. I have made efforts to reduce my exposure to said radiation for**
15 **several years. I do not use a cell phone. There is no wifi home network in our**
16 **house and we have taken measures to reduce dirty electricity and other sources of**
17 **RF pollution. I have remained minimally involved in ham radio as a hobby.**

18 **My research into smart meters indicated that there was no benefit to me in**
19 **their installation. (As for the much-touted real-time feedback, I could readily**
20 **determine my electrical usage by noting what I turn on and through use of a**

1 Kill-A-Watt device. The billions being spent on this project are surely in pursuit of
2 another goal.) Moreover, the addition of a smart meter seemed thoroughly
3 detrimental to me because of greatly increased exposure to RF, loss of privacy, and
4 the much-reported-on danger of malfunction and fire from the devices themselves.

5 **Q. Do you experience electromagnetic sensitivity symptoms in proximity to other**
6 **radio frequency devices, such as Wi-Fi, microwave ovens, cell phones, or**
7 **cordless phones?**

8 A. Since the onset of my symptoms, I have stayed pretty close to home. I avoid RF
9 devices and have for several years. I do not have a wifi home network, nor do I use
10 a microwave oven, or DECT phones. I do not use a cell phone.

11 I have The Hum and experience physical vibrations in my body. The Hum
12 is a phenomenon experienced around the world, and is frequently described as
13 “mysterious” in its origination. It sounds like a diesel engine idling nearby. Its
14 volume is greater at some times than others. In his 2004 paper, David Demming
15 described my symptoms when he described The Hum as, “More than just a noise,
16 the Hum is also capable of manifesting as vibrations felt throughout the body and is
17 often accompanied by a suite of physical symptoms that includes headaches,
18 nausea, and pain in the ears.” My sensitivity to The Hum is becoming harder to
19 tolerate and harder to differentiate from other inputs. I have, however, noticed
20 feelings of disorientation near florescent lights and operating fans. I also
21 experience heart palpitations at times.

1 Q. Have your physician or other medical care provider made any
2 recommendations about exposure to electromagnetic devices, including smart
3 meters?

4 A. No. I have not consulted physicians on EMF exposure. Physicians are not
5 routinely trained in acoustics or radio frequencies. Since September, I have read
6 extensively on the subject, have consulted books and articles by experts in the field,
7 and have attempted to mitigate the effects of EMF radiation in reliance on their
8 recommendations. I have not been able to mitigate The Hum. EMF sensitivity is
9 not taken seriously in the States, as it is in Europe. Our legal exposure levels in the
10 US would not be 1000 times those of Europe if EMF sensitivity were taken
11 seriously here.

12 Q. Has your experience with smart meters caused any disruptions in your daily
13 living? Please describe the circumstances?

14 A. Yes. My sleep has been disturbed for many months now. I made a note to myself
15 in March, 2012, noting my having been awakened in the night by vibrations, a
16 phenomenon that had already been occurring from time to time. Then in the
17 middle of July, 2012, I began to be awakened and kept awake by both vibrations and
18 The Hum. I sought the source of The Hum, much in the way I later found
19 described by so many others on the Internet, by going out looking for it. I now hear
20 this sound 24 hours a day. It was at first most noticeable at night. Now it is always
21 "on", sometimes deafening in its intensity. Accompanying the Hum now are the

1 vibrations, increasing in severity, which cause my body to vibrate. The Hum is
2 exhausting, and yet it prevents one from obtaining adequate sleep.

3 I have a background in acoustics. These sound pressure levels are very
4 high. It feels like a buffeting on the ears. I have a theory of the mechanism of the
5 Hum, which I plan to pursue. I cannot yet prove, but I currently believe, that the
6 Smart Grid, a "Mesh" system that floods my neighborhood with RF, is responsible,
7 not only because my symptoms were coincidental with the arrival of the "Smart
8 Grid", but because others have convincingly implicated the "Smart Grid" with The
9 Hum all over the world. What CMP calls "*repeaters and collectors*" are routers.

10 From an interview with Curtis Bennett about the wireless routers:

11 *'Don't focus on individual smart meters, Bennett advises*
12 *electromagnetically exposed governments and power providers. "As soon as you*
13 *incorporate the routers, head-to-toe you are stimulating tissue. Margin of error:*
14 *zero. You are not insured for it."Human beings also complete the smart meter*
15 *circuit by inducting their wireless currents. "Head-to-toe impacts every function*
16 *in the body," Curtis Bennett says. Which is why he calls routers the "game*
17 *changer" in the smart meters discussion.'*

18 *Smart meters operate on cell phone frequencies. And studies have*
19 *confirmed that low power levels are extremely dangerous because they more closely*
20 *mimic – and confuse - the human body's intercellular communications. As a*
21 *Jewish lawyer told Bennett: "The holocaust pales in comparison. This is getting*
22 *them all."*

1 <http://www.willthomasonline.net/interview%20with%20thermoguy%20curtis%20bennett.htm>

3 The CMP website says in its Frequently Asked Questions:

4 ***“I know that Wi-Fi is safe and my home network runs 24/7. How does the Wi-Fi***
5 ***signal from my meter get to a CMP building?***

6 • *The technology chosen by CMP for our Smart Meter infrastructure sends a*
7 *signal, via radio waves, “over the air.” This technology utilizes equipment*
8 *(repeaters and collectors) that receives the signal from a large volume of meters*
9 *and then “hands off” this data to a “take-out point” (gateway). Data is*
10 *transferred from the gateway, via a third-party public provider, to a CMP building*
11 *in Augusta.*

12 • *Repeaters and collectors are predominately mounted on existing CMP poles and*
13 *gateways are predominately mounted on existing communication towers.*

14 B. Blake Levitt, when asked in an interview why people were still
15 uninformed about the dangers of RF said, “There is a long learning curve.”
16 Propaganda such as that on the CMP website ***“I know that Wi-Fi is safe ...”*** will
17 fool most of the people most of the time. For a while.

18 I am concerned for my health, as I am aware that exposure to Hum
19 frequencies is extremely dangerous, as these frequencies are the frequencies of the
20 body itself. Like a glass that vibrates and breaks when a singer strikes just the right
21 note, my whole body vibrates from The Hum frequencies. It is a well-documented
22 effect that anything stimulated at the right frequency will vibrate. I do not have a

1 smart meter on my house, yet I am exposed and harmed by the system I do not want
2 and cannot escape.

3 **Q. Please tell us anything else that you want us or the Public Utilities Commission**
4 **to know about your experiences and circumstances.**

5 A. I want to tell you what I learned. When I became a radio Ham, I learned that effects
6 and dangers of RF are additive, that is, each additional source of RF, from wireless
7 baby monitors to wireless door bells, to microwave ovens, to routers, etc., add to a
8 person's total exposure. Hams putting out excessive signals can lose their licenses
9 or go to jail. These illegal signals can literally kill their neighbors. Yet these same
10 levels are ok if done by a major corporation, and no one is adding it up.


11 I learned about the early epidemiological studies on Hams showing high
12 cancer rates. Corporations and the military have taken out patents since the 1970's
13 developing Weapons Systems based on these frequencies. We know they are not
14 safe. Paid Industry "researchers" are brought out to say they are safe. Why is it
15 that the wireless industry cannot obtain liability insurance? The frequencies they
16 use are not safe. The World Health Organization now classifies RF/microwave
17 toxins emitted by wireless Smart Meters as a "Class B potential human carcinogen."
18 Despite CMP's putting words into our mouths to convince us (see above FAQ: "*I*
19 *know that Wi-Fi is safe and my home network runs 24/7.*") we know plenty
20 regarding the safety of RF frequencies. They are not safe.

21 The number of people becoming ill from these RF frequencies is increasing
22 and expected to be half of the population by 2020. If they are still alive.

1 I perceive a pattern. Asbestos. Cigarettes. RF. The perpetrators drag it
2 out in litigation, kill people, make money. In the end, the people pay for the
3 systems and are left with the liabilities. Profiteers walk away with the profits.
4 Regulators betray the public: there is no rule of law.


5 "At the length truth will out." People are figuring it out and will pursue
6 justice. What remains to be seen is whether the truth will be brought out by the
7 regulators doing their job, through litigation in the courts at great expense and
8 endless misery, or by the people in revolt. Life is harsh where there is no rule of
9 law. Let's not go there.

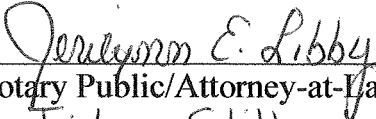
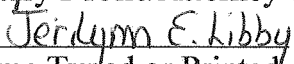
Dated this 25th day of January, 2013.



STATE OF MAINE
YORK, ss:

January 25, 2013

Personally appeared the above-named  and stated under oath that the foregoing Affidavit made by her is true and based upon her own personal knowledge, information or belief, and so far as upon information and belief, she believes the information to be true. Before me,


Notary Public/Attorney-at-Law

Name Typed or Printed
My Commission Expires: April 20, 2013

**PRE-FILED DIRECT TESTIMONY
OF [REDACTED]
MPUC Docket No. 2011-00262**

1 **Q. Please state your name and address.**

2 **A. [REDACTED]**

3 **Q. Was a CMP smart meter installed at your residence? If so, state**
4 **approximately the date when it was installed.**

5 **A. It was installed in the Spring of 2012 when I was not home.**

6 **Q. Did you notice any unusual symptoms after the meter was installed.**

7 **A. Yes. I began to have ringing in my ears, a racing pulse, and severe headaches. I**
8 could not sleep at night. I did not have these symptoms before the meters were
9 installed in my home and my neighbors' homes. I could not figure out what was
10 causing the symptoms until I did some on-line research and learned that smart
11 meters emit EMF. I had no awareness about smart meters before this.

12 **Q. Did you complain to CMP and request that they remove the smart meter?**

13 **A. I called and complained as soon as I figured out that the smart meters were**
14 causing my problems. I told CMP that I had ringing in my ears, a racing pulse,
15 and headaches. They said there wasn't a department as of yet to help with my
16 circumstances, but they promised there would be and that they would get back to
17 me about my concerns. I am still waiting to be contacted by them. They did
18 replace the smart meter with an analog meter. Unfortunately my neighbor's meter
19 faces my home and I live in a mobile home park where it is loaded with smart

1 meters (350 plus smart meters) emitting a high volume of EMF. I still have
2 symptoms, particularly at night.

3 **Q. Are you paying the opt-out fees?**

4 **A. Yes.**

5 **Q. Do you experience electromagnetic sensitivity symptoms in proximity to other**
6 **radio frequency devices, such as Wi-Fi, microwave ovens, cell phones,**
7 **cordless phones, or other devices?**

8 **A. I do not use cell phones because of the frequency level and never a microwave.**
9 **My heart races, and I get feelings of dizziness and unsteadiness around these**
10 **devices.**

11 **Q. Have you been seen by a doctor for your condition?**

12 **A. Yes. I called my regular physician when it first start bothering me but he was**
13 **unable to help me. I have been seeing Dr. Robert Deutch, D.C. in Portland. I've**
14 **tried protective meshes to shield the EMF but nothing works.**

15 **Q. Has your physician or other medical care provider made any**
16 **recommendations about exposure to electromagnetic devices, including smart**
17 **meters?**

18 **A. Just to do whatever I can to reduce my exposure. He told me to move, which is**
19 **not possible, they are installed all over the Brunswick area. I have gone back to**
20 **using a land line I unplug everything when I am not using it.**

21 **Q. Has your experience with smart meters caused any disruptions in your daily**
22 **living? Please describe the circumstances?**

1 A. Yes, I get probably 3-4 hours of sleep at night. I feel plugged in all the time,
2 anxious, short temper, nervous, headaches.

3 Q. Please tell us anything else that you want us or the Public Utilities
4 Commission to know about your experiences and circumstances.

5 A. As a result of the smart meters I now have hearing loss in my left ear. I feel that
6 these health issues they knew, but failed to let the public know. I never had any
7 problems sleeping and now forget it, it's a nightmare every night tossing and
8 turning – and the constant ringing in my ears. I know they are the cause of it
9 because I went to visit a friend in upstate New York and the ringing went away – I
10 certainly hope they find something that will protect our brains. The smart meter
11 has certainly had an adverse reaction on my life and can only hope that CMP will
12 be held accountable for any health related issues. Shame on THEM!

Dated this 28 day of January, 2013.


[Redacted Signature]

STATE OF MAINE
CUMBERLAND, ss:

JAN, 28, 2013
December __, 2012

Personally appeared the above-named [Redacted] and stated under oath that the foregoing Affidavit made by her is true and based upon her own personal knowledge, information or belief, and so far as upon information and belief, she believes the information to be true. Before me,

TIMBERLY HARRINGTON
Notary Public, Maine
My Commission Expires February 17, 2019


Notary Public/Attorney-at-Law

Name Typed or Printed Timberly Harrington
My Commission Expires: 2/17/19

**PRE-FILED DIRECT TESTIMONY
OF [REDACTED]
MPUC Docket No. 2011-00262**

1 **Q. Please state your name, address and occupation.**

2 **A. [REDACTED]**

3 Occupation: Disabled

4 **Q. Was a CMP smart meter installed at your residence? If so, state**
5 **approximately the date when it was installed.**

6 **A. Yes. September 8 2011. The smart meter was installed by contractor or vendors**
7 **for CMP. After completing installation vendors made a repeat visit to my home**
8 **My home was one of three installations at this location. I was not home and my**
9 **neighbors called me and asked why the vendors returned?**

10 **Q. If a smart meter was installed but removed and replaced by an analog meter**
11 **at your request, please describe the circumstances of your request or**
12 **complaint to CMP and their response.**

13 **A. Between September 8 and November 27, 2011, the smart meter was on and I**
14 **began incurring unusually high electrical bills and electronics damage, and**
15 **became physically sick, I decided to opt out.**

16 CMP sent someone to troubleshoot the meter after I called when I received
17 my first bill with high usage which arrived in October for Septembers' billing
18 period. See Exhibit A. The CMP employee came within expected time and found
19 no meter failures. He pulled the meter and used equipment to test it. Unusually

1 high electrical billing continued into November. When I called CMP to report this
2 again, they sent another employee who again found no fault with meter. CMP also
3 hired private contractor to come out in November. The contractor, ESM who
4 came and did work outside on the pole added a new ground as well as other things.
5 He also came inside my home to check my outlets and fuse box and found no
6 inside wiring or faulty issues in the home I personally hired a series of contractors,
7 electrical and otherwise, to come troubleshoot due to the many issues I was
8 experiencing after the analog meter was changed to smart meter.

9 On November 27, I requested an analog meter back and CMP reinstalled
10 one. Within a week of an analog meter being reinstalled, CMP came out with a
11 voltage regulator to test, something they had refused to do while my smart meter
12 was in place. CMP stated that they did not have to bring a voltage regulator tester
13 while I was taking physical readings from the digital meter. In January 2012 CMP
14 changed my transformer due to issues I kept in contact about.

15 **Q. If you do not currently have a smart meter, are you paying the opt-out fees?**

16 **A. Yes.**

17 **Q. Please describe why you do not want a smart meter at your residence.**
18 **Identify any health concerns you may have about smart meters and whether**
19 **these concerns are based upon any specific physical or medical conditions**
20 **that you or any of your family members may have.**

21 **A. As I stated above, the smart meter created many safety and health problems for my**
22 **family and I. Considering the number of electrical problems resulting from meter**

1 installation I feel most lucky our home did not catch fire and burn down. With the
2 smart meter in place, my son and I suffered physically and an elderly family
3 member died under most unusual circumstances. Our specific problems after
4 smart meter installation included:

- 5 1. Emergency room visits for my son due to rapid heart-beat and tightening in
6 his chest. While an elderly family member with Alzheimer's was living
7 with us, the smart meter aggravated her condition leading us to make
8 multiple visits to the doctor. She died in February with massive bleeding of
9 the brain, not associated with Alzheimer's. I know now that victims of
10 EHS have nosebleeds as a symptom which suggests a vascular response to
11 RF and which over two months of exposure to this frail woman may have
12 been at least in part responsible for her untimely death.
- 13 2. With the smart meter in place I developed insomnia, headaches, suffered
14 from rapid pulse, became dizzy, ringing or tones in the ears and suffered
15 from vertigo and developed neurological problems with tingling and
16 numbness in my hands and feet. I suffered none of these conditions before
17 the smart meter was installed. The meter was mounted about 5 feet from
18 our home and my bedroom all of these health effects created considerable
19 physiological, financial distress keeping me in an overwhelmed condition.
- 20 3. During the entire period the smart meter was installed we had light bulbs
21 throughout our home frequently blow.

- 1 4. In October of 2011, the motherboard on our home PC was destroyed. We
2 replaced it with a new laptop.
- 3 5. The meter recorded double and triple amounts of electrical usage during
4 the period of smart meter installation. See Exhibit B. CMP gave me a \$75
5 credit and sent a technician to test the meter but they found nothing. They
6 did hire a licensed electrical contractor who came out and concluded my
7 inside wiring had proper fuses and no faults. I also hired an electrician to
8 troubleshoot high usage and he found a constant feed on my well pump and
9 advised me to replace it as well to replace switch on my outside pole which
10 I contracted him to do.
- 11 6. My nearly new 3 year old refrigerator began freezing food during the time I
12 had the smart meter here.
- 13 7. ComCast Cable Technician service had to replace 1 of 2 receivers due to
14 inoperable due to many errors he scanned and he was able to repair the
15 other one.
- 16 8. Our hot water tank began heating excessively during this same period and
17 when replacing the thermostat did not solve the problem we had to replace
18 the hot water heater.
- 19 9. The also nearly new nine month old washer/dryer began malfunctioning in
20 the period from September, 2011 to January, 2012. In December they both
21 were inoperable and I had to use laundry mat

1 10. Our pellet stove used for alternative home heating had its motherboard
2 damaged and refused to operate in October, 2011.

3 **Q. Do you or any of your family members experience electromagnetic sensitivity**
4 **symptoms in proximity to radio frequency devices, such as Wi-Fi, microwave**
5 **ovens, cell phones, cordless phones, smart meters or other devices? Please**
6 **describe the symptoms and the circumstances when they occur**

7 A. Yes. In addition to the symptoms described above, my mother-in-law who lived
8 with us complained from Oct- Dec of major stomach digestion issues so much that
9 in November, 2011 she actually called 911 and was taken to [REDACTED] Hospital
10 ER. While the meter was here I consulted with her MD on many office visits.
11 After the smart meter was installed she suddenly became very disturbed. She said
12 she felt strange and began suffering from insomnia. Her MD ordered testing by a
13 specialist and she unexpectedly passed of massive brain bleed in February 2012

14 **Q. If you have physical or medical conditions, including sensitivity to**
15 **electromagnetic radiation, have these conditions been diagnosed? Identify**
16 **the diagnosis or description of the condition.**

17 A. My heart condition worsened as did the other symptoms listed which I have never
18 had before. I did not consult with my MD about this in part because I wasn't
19 aware of electro sensitivity dangers. When I researched this and removed my
20 meter most symptoms also disappeared. I do not need any more evidence to
21 convince me how to avoid what was causing my and family's bad health.

1 Q. Did symptoms or adverse reactions cease when the smart meter was
2 removed?

3 A. Within two weeks of smart meter removal, some symptoms were reduced and
4 resolved. However, I now have a physician who ordered immediate cardiac
5 testing for conditions caused by what I believe was my smart meter exposure

6 Q. Has your experience with smart meters caused any disruptions in your daily
7 living? Please describe the circumstances?

8 A. Frequent trips to the MD & hospital for two of us, the death of a loved one, loss of
9 most everything electric in our home and the stress, financial costs and time
10 involved, in dealing and troubleshooting with these events the circumstances
11 became unbearable .

12 Q. Please tell us anything else that you want us or the Public Utilities
13 Commission to know about your experiences and circumstances.

14 A. I hired a second electrician in December, 2011 who believed my smart meter
15 problems may also have involved transformer damage. Because CMP voltage
16 regulator test stated "your house has an unusually high power draw," my
17 electrician tested my home outlets and appliances. We turned on and checked
18 several appliances including dryer, oven, etc. and he confirmed normal electrical
19 draw. He also took readings at outlets and found nothing unusual. CMP requested
20 I report his findings to them and when I did, they came out in January, 2012 and
21 replaced my transformer.
22

1

Dated this 30 day of January, 2013.

Autumn Brook
Autumn Brook

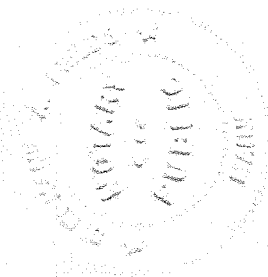
STATE OF MAINE
SAGadahoc, ss:

January 30, 2013

Personally appeared the above-named Autumn Brook, and stated under oath that the foregoing Affidavit made by her is true and based upon her own personal knowledge, information or belief, and so far as upon information and belief, she believes the information to be true. Before me,

Stephanie A. Fields
Notary Public/Attorney-at-Law
Stephanie A. Fields
Name Typed or Printed
My Commission Expires: 9/14/19

STEPHANIE A. FIELDS
Notary Public, Maine
My Commission Expires September 14, 2019



**PRE-FILED DIRECT TESTIMONY
OF [REDACTED]
MPUC Docket No. 2011-00262**

Q. Please state your name, address and occupation.

[REDACTED]

Q. Was a smart meter installed at your residence? If so, state approximately the date when it was installed.

A. I lived at [REDACTED] for 20 years and in October 2011, smart meters were installed in my building across from my bedroom. There were 2 smart meters for each unit installed so there were a total of 12 smart meters.

Q. If a smart meter was removed and replaced by an analog meter at your request, please describe the circumstances of your request or complaint to the utility company and their response.

A. I requested all of the smart meters be removed in January 2012 in a phone conversation with P.G.&E. They said that they were state mandated and could not be removed. On February 1, 2012, the opt out option was approved in California and I opted out of my smart meter and I asked the other tenants in my building and the building behind my house to opt out (the smart meters from the house behind me were across from my bedroom

as well). Only two other tenants of five opted out. This did me no good because there were still six smart meters across from my bedroom.

Q. If you do not currently have a smart meter, are you paying the opt-out fees?

A. No. I had to move to Pennsylvania to get better because I could not get better in San Francisco with all the smart meters present.

Q. Please describe why you do not want a smart meter at your residence. Identify any health concerns you may have about smart meters and whether these concerns are based upon any specific physical or medical conditions that you or any of your family members may have.

A. Smart meters made me unable to function to perform my job anymore. I could not think or concentrate. I had an extreme pressure headache and agitation when I was around them. I had shortness of breath and heart palpitations. I had trouble breathing. I couldn't sleep, eat or drink normally. I broke out in hives on my face and was extremely emotional. My face became numb and I had a lump in my throat when around them.

Q. Do you experience electromagnetic sensitivity symptoms in proximity to other radio frequency devices, such as Wi-Fi, microwave ovens, cell phones, or cordless phones?

A. Yes, the symptoms around cell phones and wi-fi are very similar but not as extreme as the symptoms I get around smart meters.

Q. If you have physical or medical conditions, including sensitivity to electromagnetic radiation, have these conditions been diagnosed?

A. I told my Doctor about them in San Francisco and she had never heard of this before but made a note in my medical records about this. She recommended that I stay away from smart meters.

Q. Has your physician or other medical care provider made any recommendations about exposure to electromagnetic devices, including smart meters?

A. (above)

Q. Have you experienced symptoms or adverse effects while in the proximity of other smart meters?

A. In San Francisco, I would walk to the beach with hives all over my face. My friends would meet me at the beach and we would walk and they told me that the hives on my face would go away the longer we walked on the beach. By the time I would walk to my house in San Francisco the hives would come back from walking down the street amongst all the smart meters. The closer I am to smart meters the more acute my symptoms become and when away from them they disappear. I spent one week in ██████████, CA with a friend who lives off the grid and all my symptoms disappeared completely.

Q. Has your experience with smart meters caused any disruptions in your daily living? Please describe the circumstances?

A. Yes, I had to move across the country to get away from them. I had to start a business all over again in Pennsylvania. I had my business in San Francisco for 13 years. I could not go anywhere in San Francisco, except for the beach without being affected by Smart meters.

Q. Please tell us anything else that you want us or the Public Utilities Commission to know about your experiences and circumstances.

A. Smart meters are more dangerous than second hand smoke and should not be allowed anywhere in the U.S.A.

Dated this 25th day of January, 2013.

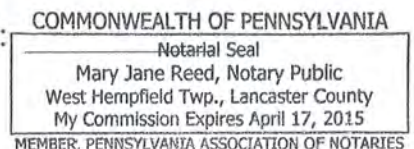
[REDACTED]

STATE OF PENNSYLVANIA
LANCASTER, ss:

January 25, 2013

Personally appeared the above-named [REDACTED] and stated under oath that the foregoing Affidavit made by her is true and based upon her own personal knowledge, information or belief, and so far as upon information and belief, she believes the information to be true. Before me,

Mary Jane Reed
Notary Public/Attorney-at-Law
MARY JANE REED
Name Typed or Printed
My Commission Expires:



**PRE-FILED DIRECT TESTIMONY
OF [REDACTED]
MPUC Docket No. 2011-00262**

1 **Q. Please state your name, address and contact information.**

2 **A. [REDACTED]**

3 **Q. Was a smart meter installed at your residence?**

4 **A. Yes.**

5 **Q. Did you offer to provide testimony in another proceeding about your experience**
6 **with smart meters?**

7 **A. Yes. I have had serious health problems related to smart meters and I offered testimony**
8 **in a Michigan Public Service Commission hearing (Case No U-17053) reviewing a**
9 **proposed opt-out program for Detroit Edison Company's Advanced Metering**
10 **Infrastructure. Unfortunately, the Commission would not accept any testimony about**
11 **health and safety issues.**

12 **Q. Is the attached document marked as Exhibit A a true and accurate copy of the**
13 **testimony that you offered to provide the Michigan Public Service Commission?**

14 **A. Yes it is.**

15 **Q. Are the statements that you made in the attached Exhibit A still true and accurate?**

16 **A. Yes.**

17 **Q. Do you wish to add anything here not included in your statement in Exhibit A?**

18 **A. [REDACTED]**

Q. Do you want to submit the statements in Exhibit A to the Maine Public Utility Commission for consideration in its pending proceeding to investigate the safety of smart meters?

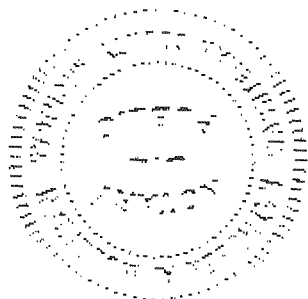
A. Yes. I submit the attached testimony in support of complainants Ed Friedman, et al in their case before the Maine PUC as evidence that smart meters are not safe.



STATE OF MICHIGAN
WASHTENAW, ss:

January 28, 2013

Personally appeared the above-named [REDACTED] and stated under oath that the foregoing Affidavit made by him is true and based upon his own personal knowledge, information or belief, and so far as upon information and belief, he believes the information to be true. Before me,



Kathleen A. Mulligan
Notary Public
Kathleen A. Mulligan
Name Typed or Printed
My Commission Expires: 9/21/14

KATHLEEN A. MULLIGAN
Notary Public, Washtenaw County, Michigan
Acting in Washtenaw County, Michigan
My Commission Expires September 21, 2014

EXHIBIT A

STATE OF MICHIGAN

BEFORE THE MICHIGAN PUBLIC SERVICE COMMISSION

In the matter of the application and request)	
of the DETROIT EDISON COMPANY seeking)	
approval and authority to implement its)	Case No U-17053
proposed Advanced Metering Infrastructure)	
opt out program.)	