

# Brain Tumor Rates are Rising in the US: the role of cell phone and cordless phones

<http://www.saferemr.com/2015/05/brain-tumor-rates-are-rising-in-us-role.html?sref=tw>

## Dr. Oz Explains Cell Phone Radiation

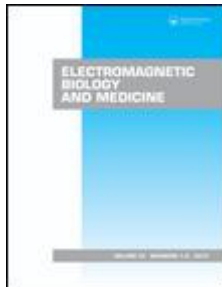
*Originally aired on 11/04/2015*

<http://www.doctoroz.com/episode/does-your-cell-phone-case-increase-your-radiation-risk>

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*Electromagnetic Biology and Medicine*

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### Protect children from EMF

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pages 251-256

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### **Abstract**

The twenty-first century is marked with aggressive development of the wireless communications (satellite, mobile phones, Internet, Wi-Fi). In addition to thousand of satellites that deliver radio and TV signals, large satellite and base station networks secure intensive instant delivery of audio and video information. It is fair to say that that the entire civilization, both biosphere and mankind are exposed to continuous exposure of multitude of radiofrequency (RF) signals. It should be taken into account that the entire world population is exposed to exponentially increasing RF radiation from base stations and satellite antennas. While several years ago the potential hazard

was connected with placement of mobile phones close to human head, today “smart phones” represent small, but powerful computers continuously receiving audio and video data. The largest group of users is the children and teenagers who “need” to communicate nearly 24 h a day. This is even more important because cell phones and tablets may be seen in the hands of children as little as two years in age. There is no way to assess and predict the potential damages of children brain, vision and hearing under exposure to RF radiation. The WHO precautionary principle and IARC classification must be applied in discussing the potential hazard of the use of today’s and tomorrow’s communication devices.

<http://www.tandfonline.com/doi/full/10.3109/15368378.2015.1077339>

From Henrik Eiriksson

## The Danish Cancer Society was caught in a serious lie

We just caught Danish Cancer Society in a serious lie!

There's just been a big campaign to collect money for cancer research and for that campaign, a large Danish TV-news channel website ran an article about "cancer myths" where they quoted D.C.S for this statement (translated):

*"It has long been speculated whether the radiation from mobile phones increases the risk of cancer, but there are currently no studies that show that this is the case."*

Wow! We contacted the TV-channel and they immediately removed the false statement and apologized in the article that the part about cellphones had not been factual. So now the TV-news editors have to come to terms with the fact *that D.C.S has misled them!* We then called D.C.S and asked them to publicly inform that their quote was false, because people that read the original article got wrong impression that cellphones are cancer-risk free. They *completely refused* to do so.

We then called Christoffer Johanssen, told him the quote and he responded by saying: *"D.C.S is just an NGO with a political agenda"*. Yes, those were his real words. He's distancing himself from D.C.S!

I'll keep you informed on this matter...but please don't send this out on mailing list yet, until we get to "grill" D.C.S some more :)

Link to TV-news "cancer myths" article:

<http://programmer.tv2.dk/knaek-cancer/2015-10-16-sandt-eller-falsk-kan-stramme-bjer-og-stress-give-kraeft>

(google-translate and see bottom of article for the editors note. Note that the top graphic still shows a cellphone but all mention of cellphones is removed from the article text).

The Editor note with google translation: "Because there are divergent studies about whether mobile phone radiation can cause cancer, the editors have removed this point, after the article was published."

## **Thyroid cancer: International conference in Israel**

12/5/15

More diagnosis and more surgeries, but no significant change in the life span of thyroid cancer patients. With advanced abilities of diagnosis and increasing surgeries, it would be expected to see decrease of mortality from the disease so why is the life span the same? This was the question experts were trying to deal with, with the best experts in Israel and the world, in a conference that was held in Rambam hospital. Cancer of the thyroid is the most prevalent endocrine malignancy today in the world, without association to the ethnicity or the geographic area. The incidence of this cancer is growing during the last 3 decades, among the rest because of multiple diagnosis tests. At the same time, it seems that thanks to the relatively easy diagnosis of this cancer, with simple imaging technique, there is significant increase in surgeries to remove the thyroid. Despite this, surprisingly, these data are not expressed in improving the life span of the patients. During the last years there was a change in the trend of the treatment of these patients, a subject that was discussed in an international multidisciplinary conference in Rambam hospital. The primary treatment of thyroid cancer of the papillary type (the most prevalent), explain Rambam's experts, is a surgery and after that, a treatment is given with a radioactive iodine. In many places in the world, the surgery includes full removal of the thyroid, and sometimes even removal of the lymph nodes in the neck- a surgery that involves sometimes risks and significant sickness. During the last years, different approaches were developed for treating thyroid cancer that is defined at low level of risk. The meaning is to patients with small tumors without evidence of metastases in the lymph nodes. In these patients there is the possibility to partially remove the thyroid gland. Doctors in the US and in Japan are doing now research, where they take patients with very low risk, who do not have surgery and who are being followed. So far, the findings of the study have shown that follow up only, is safe and possible for these patients. In order to discuss in these subjects that are controversial regarding the treatment of thyroid tumors, and in trying to reach a consensus, the third multi-disciplinary conference on the thyroid gland took place, with doctors from the whole country and the world. In the conference participated hundreds of doctors from the areas of nose-ear-throat, head-neck, surgery, endocrinology, oncology, pathology and imaging.

"We see a significant increase in the number of surgeries of the thyroid gland during the last years" said professor Gil Ziv, the director of nose ear throat department, and one of the conference organizers, "However, most surgeries are in patients with low risk level, whose risk to die of heart disease or accidents is higher than dying of cancer".



During the conference, studies were presented, showing that more than half of the papillary carcinoma cases in the thyroid gland, are smaller than 2 cm. One of the subjects that were raised in the conference, was the possibility of partial removal of thyroid cancer or follow up after metastases in the lymph nodes, in patients with low risk level. New drugs can inhibit the advance of the disease and even eliminate it. In the second part of the conference, were presented new treatments for advanced tumors of the thyroid. "This group of patients is very different than the group with low risk", explained Dr. Sagit Zolotov, a physician in the Endocrinology Institute of Rambam.

"This is a relatively a small group of patients, who are diagnosed in an adult age or people who were exposed to radiation during childhood. In these patients, the disease

is advancing rapidly and tends to send metastases. In addition, it also does not respond to the radioactive iodine treatment. " The conference was focused on the multi-disciplinary treatment of cancer in general and especially thyroid tumors.

<http://haipo.co.il/forum/item/15512>

## **A new center for head and neck diseases in Rambam hospital**

17/9/15

The best of Rambam experts from 8 different departments, will act together in a new center devoted only to treating head and neck diseases. The center that was opened lately, is expected to give patients comprehensive response in diagnosis and treatment, according to the highest standards, under one roof.

A new multi-disciplinary center, that is composed of experts from 8 different fields in the area of head and neck diseases, has just been opened lately in Rambam hospital. In the frame of this new center, doctors in the areas of head and neck oncology operate. Each professional branch is composed from a team of several fields, the head is the responsible for the field, a coordinating nurse and a secretary. The multi-disciplinary center for head and neck diseases in Rambam is meant to give response to variety of patients who need surgery, oncologic treatment, conservative or para-medical in the area of the head and neck. The center is dealing among the rest, with patients who have head and neck tumors, parotid gland tumors, mouth tumors, nose or sinus tumors, thyroid tumors, eye tumors, throat tumors, skin tumors, voice cord tumors, and the basis of the skull tumors. In addition, the center takes part in treating benign diseases of the eye, disorders of the thyroid gland, mouth and jaw, and disorders in speech and swallowing, that do not require surgery.

The center enables personal management of each case for all its perspectives, starting from diagnosis, through setting a treatment plan or surgery that fit personally for each patient, up to coordination and active accompanying including getting back to full function while preserving the quality of life and the respect of the patient. In the frame of each branch there are multi-disciplinary clinics for the patients, weekly team meetings for discussing about the patients, about the technological innovations, academic activity with doctors in the community and with other hospitals. Follow up after the patients and accompanying them in each of the treatment stages is also done, with the same treating team. Special emphasis will be put on subjects that are related to the patient experience, developing special methods to improve the contact between the patient and the medical team. Among the services that were developed for this: waiting time up to 24 hours for an expert doctor, nominating a team member who is responsible for each patient case, an open day for personal conversation in the afternoon, without time limitation, with the patients, help in waiting lists, personal accompanying during the hospitalization, availability 24 hours after the release from hospitalization, clinics in the afternoon in the frame of the hospital, and more.

<https://www.rambam.org.il/RambamInfo/news/Pages/aag092015.aspx>

## **Troubling data: about third of parents use cell phones to put their children to sleep**

A study (in *Pediatrics*) of 350 parents who visited the public hospital in Philadelphia at the end of 2014: 97% of them owned TV, most of them had also tablets (83%) and smartphones (77%). More than half had also game devices (56%), computers (58%) and access to the internet.

97% of the children to these parents were using cell phones, 44% of the children under the age of 1 year used cell phones daily in order to play, watch video games or use different applications, and the percents increased to 77% at the age of 2 years old.

28% of the 2 years old knew how to control the cell phones by themselves without help, and about 61% had to receive help once in a while. Half of the 4 year old did not need help at all in activating the cell phone. Parents reported that they enabled their children to use the cell phone to calm them down in public places. 28% of the parents reported that they used cell phone in order to put the child to sleep.

Children psychologist, Dr. Shai Chen: "There are thousands of Apps for children under 2 years old, promising to improve the development of the child and his coordination. It seems that the child enjoys, the parent many times receives some silence, and the child learns to use advanced technologies, and it seems that everyone is satisfied. But in recent years we know that the influence of smartphone use in young ages is tough and has long term effects. The smartphone use replaces the human contact. Children who use it for long term and continuously, have more problems in creating personal contacts and friendships. There are significant difficulties in personal communication, that causes to distress and it increases the will of the child to run away from the external world and focus on the smartphone".

"The continuous use of smartphone can cause harm to eyesight and orthopedic damage. Also the connection of the child is harmed, and instead of creating interaction and quality time with the parent, the child passes the time in front of the screen. Studies even showed that smartphone can encourage ADHD, and harm sleep quality because of the light emitted from the smartphone screen".

So when is it recommended to enable the child to use cell phone or a tablet? Dr. Chen Gal recommends avoiding exposing the child to these devices before the age of 3: "If anyway you expose him the it is needed to make sure it's maximum for an hour, to make sure that the smartphone use does not come at the expense of other activities of the child, not to enable the use of smartphone during meals or while all the family is together. "It is important that the parents understand that the use of smartphone can cause damage, and part of their responsibility as parents is to oversee and minimize exposure as much as possible, mainly in the first years".

<http://www.ynet.co.il/articles/0,7340,L-4718704,00.html>

# Water meter and a flare of fibromyalgia

BATTLE CREEK, Mich. (NEWSCHANNEL 3) - The City of Battle Creek is installing what are known as smart meters for its water meters.

Friday night, Newschannel 3 spoke to one couple who says those meters are hurting their health.

The smart meters are some of the same ones now being used in different parts of West Michigan for electricity reading, and Battle Creek is now using them for its water system.

The meters send out a signal with how much water is being used, so the meter reader doesn't need to come to each house.

"I put the pie pan behind it to try to deflect some of the radiation from it," explained homeowner Steve Koch.

After the city of Battle Creek installed the new water meter on his house, Steve says he and his wife started to have new health problems.

"My wife went from having a case of fibromyalgia to what they call a flare of fibromyalgia," he said. "Hers has been ongoing for two months, she's had shots and everything to try to calm it, nothing works."

The meter is on the wall outside of where his bedroom sits, and he thinks it's the radiation coming out of the meter that is causing the problems.

"I don't sleep very well, I feel foggy, my mind is not clear anymore, I'm tired, I'm restless, I have aches and pains I never had before," Steve said.

Battle Creek started installing the new type of meter in January. They send out a signal so the meters can be read from a technician driving by.

This type of meter, sometimes referred to as a "smart meter," is similar to what Consumers Energy is also now installing in West Michigan.

As we reported in May, some doctors have said there is a medical condition called electromagnetic hypersensitivity, that makes some people more sensitive to smart meters, cell phones or even wi-fi.

Steve says he is most upset he wasn't given a choice about having a new meter, and he's sent a letter to the city asking them to remove it. But so far hasn't heard back.

"I'd like to have them tear it off the wall right now and throw it in the trash can personally," he said.

The City of Battle Creek is now working on a system where homeowners can choose to opt out of the new meters for a fee if they wish to do so.

<http://www.wwmt.com/news/features/top-stories/stories/Battle-Creek-now-installing-smart-water-meters-one-couple-speaks-out-226208.shtml#.VkWH1NKrRgt>

Smart Meters Education Network

## **Life Expectancy for Smart Meters: 5- to 7-Year**

Thursday, November 12, 2015

As usual, industry is being careful with our money. DTE smart meters have a depreciable life of 20 years. DTE analog meters have a depreciable life of 43 years! Depreciable life means they get to claim tax write-offs for it. Many analog meters have been on homes for over 43 years.

In Congressional testimony, a utility industry expert stated that smart meters have a 5- to 7-year life due to necessary or desired software upgrades. Industry expert states: “These devices are now computers, and so they have to be maintained. They don’t have the life of an existing meter which is 20 to 30 years [actually more like 50-80 years]. These devices have a life of between 5 to 7 years. And so the challenge that the industry has is making sure they maintain their smart grid environment, not neglect it.”

<http://smartgridawareness.org/2015/10/29/smart-meters-have-life-of-5-to-7-years/>  
<http://dtesmartmeter.blogspot.co.il/2015/11/dte-smart-meters-have-depreciable-life.html>

## **US Senate Draft Aims to Expand U.S. Wireless Capacity**

*Senate Commerce Committee is working on bill that would free up underused radio spectrum*

<http://www.wsj.com/articles/senate-draft-aims-to-expand-u-s-wireless-capacity-1446867540>

Janis Hoffmann

## **Nelson city council balks at Wi-Fi in parks**

<http://www.nelsonstar.com/news/344702872.html>



From Robert Riedlinger

## City to ban wireless Wi-Fi, cell towers

Any and all plans to implement Wi-Fi or cell phone towers within the Sequim city limits are on hold. The Sequim City Council approved a six-month moratorium on wireless communication support towers on Oct. 26 via a 5-1 vote with councilor Dennis Smith opposed and Ken Hays absent. The moratorium went into immediate effect and includes all zones except public facility zones, according to Ordinance 2015-018. <http://www.sequimgazette.com/news/338046141.html#>

From Smart Meters Education Network

## Michigan Smart Meter Updates

*Thursday, October 29, 2015*

### Consumers Energy Apartment-Dwellers: You Can Keep Your Analog Meter

We have received reports that Consumers Energy is allowing apartment-dwellers to keep their analog meters. For more information on the Consumers Energy opt-out program, see the Smart Meters Education Network website. Consumers usually tells customers they cannot keep their analog meter, or makes you think you will not get a new, digital meter, and then they install one. So read the website!

[http://dtesmartmeter.blogspot.co.il/2015/10/apartment-dwellers-you.html?utm\\_source=Smart+Meter+Education+Network+Newsletter++1-9-15&utm\\_campaign=31c0c671c0-oct+9&utm\\_medium=email&utm\\_term=0\\_3ad4eb3057-31c0c671c0-95665201](http://dtesmartmeter.blogspot.co.il/2015/10/apartment-dwellers-you.html?utm_source=Smart+Meter+Education+Network+Newsletter++1-9-15&utm_campaign=31c0c671c0-oct+9&utm_medium=email&utm_term=0_3ad4eb3057-31c0c671c0-95665201)

*Wednesday, October 21, 2015*

### Sterling Heights Rescinds Smart Meter Moratorium Without a Vote

Sterling Heights smart meter activist Jackie Ryan says she found out through a FOIA request that City

Manager Mark Vanderpool issued a memorandum in November 2013 informing the council that DTE had asked the city to rescind the moratorium because the energy company had provided an opt-out policy. That policy, as we know, is a complete joke, as the policy still installs a smart meter on your home, just one with the RF turned off.

According to Ryan, the memo states that, upon getting an opt-out option that let residents refuse the meters, **the moratorium was eliminated without further City Council action.**

Several residents and City Council challenger candidates made another round of pleas to Sterling Heights city officials to take more action on smart meters during an Oct. 6 council meeting.

The above is taken from [C&G Newspapers](#). Read the full story on their site.

[http://dtesmartmeter.blogspot.co.il/2015/10/sterling-heights-rescinds-smart-meter.html?utm\\_source=Smart+Meter+Education+Network+Newsletter++1-9-15&utm\\_campaign=31c0c671c0-oct+9&utm\\_medium=email&utm\\_term=0\\_3ad4eb3057-31c0c671c0-95665201](http://dtesmartmeter.blogspot.co.il/2015/10/sterling-heights-rescinds-smart-meter.html?utm_source=Smart+Meter+Education+Network+Newsletter++1-9-15&utm_campaign=31c0c671c0-oct+9&utm_medium=email&utm_term=0_3ad4eb3057-31c0c671c0-95665201)

*Saturday, October 17, 2015*

## Consumers Energy Employee Recorded on Video Refusing to Provide I.D., Being Angry and Aggressive

Consumers Energy vehicles parked in a woman's driving, blocking her exit. She records the entire exchange, including the male employee repeatedly refusing to show his I.D. and acting in an angry and threatening manner. See the [Channel 7 story](#). Utility employees are required to show I.D. Consumers Energy says: Too bad, our employee felt he was being harassed and he has a right to be on your property. Watch the [Channel 7 story](#) and decide for yourself.

Remember, we watch news stories to inform. But if we don't *act*, nothing changes. Please get the word out about smart meters and the bill!

[http://dtesmartmeter.blogspot.co.il/2015/10/consumers-energy-employee-recorded-on.html?utm\\_source=Smart+Meter+Education+Network+Newsletter++1-9-15&utm\\_campaign=31c0c671c0-oct+9&utm\\_medium=email&utm\\_term=0\\_3ad4eb3057-31c0c671c0-95665201](http://dtesmartmeter.blogspot.co.il/2015/10/consumers-energy-employee-recorded-on.html?utm_source=Smart+Meter+Education+Network+Newsletter++1-9-15&utm_campaign=31c0c671c0-oct+9&utm_medium=email&utm_term=0_3ad4eb3057-31c0c671c0-95665201)

*Thursday, October 29, 2015*

## New Book: "Lights Out: A Cyberattack, A Nation Unprepared, Surviving the Aftermath,"

[PBS News Hour](#) reports on Ted Koppel's new book, *Lights Out: A Cyberattack, A Nation*

*Unprepared, Surviving the Aftermath*. In this tour de force of investigative reporting, Ted Koppel reveals that a major cyberattack on America's power grid is not only possible but likely, that it would be devastating, and that the United States is shockingly unprepared. Among other things, Koppel says: "When I spoke to Janet Napolitano just after she left as secretary of homeland security — and she had been on the job for five years — I said to her, what do you think the chances are of a cyber-attack on the power grid? She said very, very high, 80 to 90 percent."

Monday, July 13, 2015

# Can Humans Really Hear the Infrasound Generated by Wind Turbines and Smart Meters?

## Do Wind Turbines Really Cause Health Problems?

Even though the American Wind Energy Association has acknowledged the health effects wind turbines can cause, people who claim they can hear sounds generated by wind turbines and smart meters are generally dismissed as crazy, hypochondriacal, or overanxious. A just-released German scientific study now provides proof that humans can hear sounds that were formerly *assumed* to be outside the range of human hearing. Every person who participated in the study, in which all extraneous noise was removed, was able to perceive the sounds. For some, it wasn't that they "heard" something acoustically, but that they perceived it in some other way. The scientists also discovered that the perception of these sounds stimulated areas of the brain involved in emotion, which indicates that the brain is perceiving the sound as a potential danger.

The American Wind Energy Association and Canadian Wind Energy Association acknowledge that wind turbine noise may cause health problems [23]. In a hearing before the Wisconsin Public Service Commission **the wind association study's co-author testified that infrasound from wind turbines may cause "sleep disturbance, headache, tinnitus, ear pressure, dizziness, vertigo, nausea, visual blurring, tachycardia, irritability, problems with concentration and memory, and panic attack episodes associated with sensations of internal pulsation or quivering when awake or asleep...I am happy to accept these symptoms, as they have been known to me for many years as the symptoms of extreme psychological stress from environmental noise, particularly low frequency noise."** [24]

The German study, reported at [Medical Press](#), found that humans can perceive sounds as low as 8 hertz, an octave lower than previously assumed. Sounds this low are classified as *infrasound*.

As with the newly discovered [lymphatic system](#) in the brain, the German research shows us that long-standing scientific truths are often felled by new research.

Christian Koch, the study's lead author, will do a follow-up study to try to determine why some people are disturbed by these sounds, while others are not. The project is part of the European Metrology Research Programme (EMRP) and was coordinated by the Physikalisch-Technische Bundesanstalt (PTB). It involved experts in acoustics experts in biomagnetism (MEG) and functional magnetic resonance imaging (fMRI).

### More Information

*"Health effects due to low-frequency components in noise are estimated to be more severe than for community noises in general" - World Health Organization [1]*

Wind turbines generate a broad spectrum of noise including low frequency noise and infrasound which may be audible or inaudible. [2], [3], [4], [5]

It is widely affirmed that exposure to audible low frequency noise can cause adverse health effects in humans. [6], [7], [8], [9]

Low frequency noise can cause "...immense suffering to those who are unfortunate to be sensitive to low frequency noise and who plead for recognition of their circumstances." [10]

Literature reviews and peer reviewed scientific articles confirm the symptoms associated with low frequency noise exposure include annoyance, stress, sleep disturbance, headaches, difficulty concentrating, irritability, fatigue, dizziness or vertigo, tinnitus, heart ailments anxiety, stitch and beating palpitation. [19], [20],[21].

*This information and more can be found at the [Society for Wind Vigilance](http://www.windvigilance.com). [admin@windvigilance.com](mailto:admin@windvigilance.com)*

*Learn more about wind turbines in Michigan and their effects on humans and birds at the [SmartMeterEducationNetwork](http://www.smartmetereducationnetwork.com)*

<http://dtesmartmeter.blogspot.co.il/2015/07/can-humans-really-hear-infrasound.html>

## **Dr. David Carpenter's Testimony**

Posted on [July 10, 2015](#)

Gives very strong and credible testimony on the health problems caused by "smart" meters in DTE's current rate case.

We were and are convinced that having the testimony of a highly credible and seasoned professional could help us strike a blow against "smart" meters in this rate case. More importantly the testimony will help us to make our case before the legislature and for our upcoming battles with DTE in the regular courts.

DTE brought the current rate case to the Michigan Public Service Commission. In this case, U-17767, DTE is seeking across the board rate increases for most of its services *but also requesting the Commission to approve continued customer funding of "smart meters."* Dr. Carpenter was the leader of a group of 45 doctors and scientists who signed the "Toronto Statement" warning of the dangers of smart meters in 2012. Our thanks also go to smart meter activist Richard Meltzer, who conducted the primary cross-examination of the doctor, lasting more than two hours. This was necessary because we had advance indications that the attorneys for DTE and MPSC staff were going to waive cross. We think they made that choice in hopes of denying the doctor an opportunity to establish his bona fides. As it turned out DTE did not cross and staff's cross was limited to about 3 questions. But their strategy ultimately failed because of Richard's outstanding questions.

*Friday, July 10, 2015*

As part of DTE's case seeking an increase in rates for all of us customers, David Sheldon introduced the testimony of Dr. David Carpenter, professor of public health at SUNY-Albany, co-editor of the [Bioinitiative Report](#), and long-time critic of smart meters. As in all cases before the Michigan Public Service Commission (MPSC), this testimony was written. Once the written testimonies have been submitted, all parties have a chance to cross-examine the people who gave testimony.

**DTE declined to cross-examine Dr. Carpenter.** Why would they do that? The answer is simple: the less attention brought to the health effects of smart meters, the better for DTE. A person speaking to give testimony has much more impact than written testimony. By not examining Dr. Carpenter, DTE was attempting to make him peripheral to this case. Even though Dr. Carpenter's written statements are quite damning, by declining to cross-examine him, DTE was hoping to effectively make his testimony nothing more than a whisper. "Dr. Carpenter's cross-examination gave him an opportunity to make his written testimony come alive and to establish his credibility with the judge as a seasoned and highly credible professional," says David Sheldon.

The MPSC tried nearly the same strategy, asking Carpenter just three questions. In attempt to discredit his testimony, MPSC attorney Spencer Sattler asked Dr. Carpenter whether he has a medical license. Carpenter said no. Fortunately, David Sheldon had a chance to ask redirect questions, and he asked Carpenter whether he is in fact a *doctor of medicine*. Carpenter said yes, but that he does not have a medical license and does not need one. Carpenter is not practicing medicine in a clinic because the work of public health physicians is focused on populations, not individuals.

MPSC attorney Sattler asked the judge to admit two questions Sattler had asked Dr. Carpenter during discovery. Discovery questions are not part of the record unless the party who asked them asks that they be made part of the record, and no other party gets to see them unless they are made part of the record. Sattler goofed. One question admitted as part of the record was a question he asked of Carpenter that is favorable to our side and that he definitely didn't want there. The DTE attorney asked Sattler several times, "Are you sure you want to admit Question 2b?" And Sattler repeatedly said, "Yes, I'm sure." Hooray!

**Fortunately, Richard Meltzer is also part of this case, and is on our side.** Because he did not introduce Dr. Carpenter's testimony, he was able to ask questions of Carpenter. Richard could only ask questions that were adversarial in nature: cross-examination is provided so that opposing parties can poke holes in witness testimony. **Richard cross-examined Dr. Carpenter for two hours, over numerous objections from DTE attorney Michael Solo, our nemesis in the opt-out case (U-17053), and MPSC attorney Sattler.** The judge permitted Dr. Carpenter to answer most of Richard's questions. That is a far cry from the judge we had in the opt-out case, who did everything he could to exclude testimony we offered and shut down our cross-examination questions (except for testimony and questions he felt wouldn't harm DTE's case).

**Will Dr. Carpenter's testimony change the outcome of the case?** It's unlikely, but the testimony still has a lot of value because it can be used in future court cases. This

is a rate case, which means that DTE must show that the rates it is charging are justified. The reason we could even delve into the effects of smart meters on health is because DTE, as part of this case, must show that smart meters are a benefit to the customer. If smart meters are harming customers, and if the opt-out smart meter is harming customers or people do not feel the opt-out is a benefit, this brings into question the entire smart meter program and the opt-out program. Unfortunately, no testimony was introduced by our side that shows specific harm to individual customers. One example of lack of benefit would be people submitting testimony regarding the effects on their health. Another would be people submitting testimony that the opt-out meter does not benefit them for whatever reason. The upshot of all this is, the judge can simply note that Carpenter's testimony is interesting and even potentially true, but that *no evidence has been introduced showing specific harm to DTE customers.*

**Nonetheless, it is a very good thing we have Dr. Carpenter's testimony on the record because it can be used in future court cases. This is the first time that testimony on the negative health effects of smart meters has become part of the record in Michigan.** That is a real plus for us, and we can be very grateful that David Sheldon put the time and effort he did into having Dr. Carpenter come all the way from New York to testify.

**I again encourage every one of you to write up the effects smart meters have had on your health so that we may have this information available (you can be anonymous or not). Here are some [guidelines](#) on what is important to include.** Send your write-up to us. You can also take our [Health Survey](#), but no matter what, be sure to send us your written story!

Dr. Carpenter testified without compensation, but David had to lay out \$1000 for his expenses. He would very much appreciate it if you could defray those costs via a donation to

<http://dtesmartmeter.blogspot.co.il/2015/07/doctors-testimony-at-mpsc-sizzles.html>

## **NSA-proof wallpaper could keep snoopers and 'doomsday' electromagnetic weapons at bay**

**New flexible material can block electronic emission; Blocks signals that could be used for cybersnooping; Can also block electromagnetic 'doomsday' weapons; Could be used to protect drones flying in enemy territory**

<http://www.dailymail.co.uk/sciencetech/article-3286629/Forget-tin-foil-hat-NSA-proof-wallpaper-snoopers-doomsday-electromagnetic-weapons-bay.html>

# Snowden says: “They want to own your phone instead of you”

October 7, 2015 by [Sophie McAdam](#)

In an interview with the BBC’s ‘Panorama’ which aired in Britain last night, Edward Snowden spoke in detail about the spying capabilities of the UK intelligence agency GCHQ. He disclosed that government spies can **legally** hack into any citizen’s phone to listen in to what’s happening in the room, view files, messages and photos, pinpoint exactly where a person is (to a much more sophisticated level than a normal GPS system), and monitor a person’s every move and every conversation, **even when the phone is turned off**. These technologies are named after Smurfs, those little blue cartoon characters who had a recent Hollywood makeover. But despite the cute name, these technologies are very disturbing; each one is built to spy on you in a different way:

- **“Dreamy Smurf”**: lets the phone be powered on and off
- **“Nosey Smurf”**: lets spies turn the microphone on and listen in on users, even if the phone itself is turned off
- **“Tracker Smurf”**: a geo-location tool which allows [GCHQ] to follow you with a greater precision than you would get from the typical triangulation of cellphone towers.
- **“Paranoid Smurf”**: hides the fact that it has taken control of the phone. The tool will stop people from recognising that the phone has been tampered with if it is taken in for a service, for instance.

Snowden says: “They want to own your phone instead of you.” It sounds very much like he means we are being purposefully encouraged to buy our own tracking devices. That kinda saved the government some money, didn’t it?

## Opinion: Edward Snowden’s New Revelations Are Truly Chilling

<http://www.trueactivist.com/breaking-bbc-news-edward-snowdens-chilling-new-revelations/>

# 'Million Cancer Deaths From Fukushima Expected in Japan,' New Report Reveals

Sunday, November 8th 2015 at 5:15 am

Written By: Sayer Ji, Founder

*A shocking new report defies the chronically underestimated impacts of the Fukushima's triple meltdown on the risk of cancer in exposed populations, which does not just include Japan, but arguably the entire world.*

A new report from Fairewinds Energy Education (FEE), "**Cancer on the Rise in Post-Fukushima Japan**," reveals that the ongoing multi-core nuclear meltdown at the Fukushima Daiichi plant that started in March 2011 has produced approximately 230 times higher than normal thyroid cancers in Fukushima Prefecture, and could result in as many as one million more cancers in Japan's future as a result of the meltdown.

According to the new report, data provided by a group of esteemed Japanese medical professionals and TEPCO, confirm a direct link of numerous cancers in Japan to the triple meltdown. As transcribed by [Enenews.com](http://Enenews.com), Arnie Gundersen, chief engineer at Fairewinds stated, Nov. 4, 2015:

"It's been almost 5 years from the Fukushima Daiichi meltdowns, and the news from Japan is still not good. Two reports recently released in Japan, one by Japanese medical professionals and the second from Tokyo Power Corporation – TEPCO – acknowledged that there will be numerous cancers in Japan, much greater than normal, due to the radioactive discharges from the triple meltdown at Fukushima Daiichi... I believe, as do many of my colleagues, that there will be at least 100,000 and as many as one million more cancers in Japan's future as a result of this meltdown... [T]he second report received from Japan proves that the incidence of thyroid cancer is approximately 230 times higher than normal in Fukushima Prefecture... So what's the bottom line? The cancers already occurring in Japan are just the tip of the iceberg. I'm sorry to say that the worst is yet to come."

You can watch Arnie Gundersen's video by clicking on the image below:



The content of the new report defies what are chronically underestimated radiation exposure levels and effects produced by the International Atomic Energy Agency, TEPCO, and the Japanese government. As we have **reported previously**, the present day radiation risk model is based on outdated science and a dataset extracted from Hiroshima atomic bomb survivors, and which was arrived at before the discovery of DNA, and knowledge of up to **six orders of magnitude higher genotoxicity** caused by what is known as photoelectron induction associated with low-dose radioisotope exposure, i.e. the incorporation into our tissue of extremely low doses of radionuclides such as plutonium-239, **uranium-238**, and over one hundred others produced as a byproduct of the nuclear reactions that produce nuclear power.

For those unafraid of confronting the truth, I highly recommend reading the 2001 paper published in the *Journal of Inorganic Biochemistry* titled, **"Depleted uranium-catalyzed oxidative DNA damage: absence of significant alpha particle decay,"** produced by the Army's own Radiobiology Research Institute, in order to fully comprehend the implications of photoelectron induction. In a nutshell, it implies that the adverse health effects associated with nuclear fallout may be **tens of thousands times worse** than present radiation risk models used by the nuclear industry, medical establishment, and government presently project.

For more information here is an excerpt of my report, written only weeks after the Fukushima meltdown, titled **"Why There Is No Safe Dose of Radiation from Fukushima"**:

The nuclear radiation risk models used by the nuclear industry and the medical establishment and harped upon by the mainstream media and world governments, were created largely by nuclear physicists in the 1950's, before the discovery of DNA, and are based upon the type of high energy external radiation exposures associated with the atomic bomb blast in Hiroshima.

This "old world" risk model, which underpins the policies and recommendations of would-be authorities on radiation safety such as the International Commission on Radiological Protection (ICRP), though relevant in the case of external radiation exposure, severely misrepresents both the type and degree of radiotoxicity associated with the internalization of radioisotopes like Radioiodine 131, Cesium 137 and Uranium 238, and subsequent "non-linear" adverse effects in the human body. The ICRP not only conditions the world's perception on the relative safety of nuclear energy, but is also responsible for underwriting the risk associated with the use of munitions containing depleted uranium (DU) in places like Iraq, and now Libya. The

genotoxic Uranium-238 residues left behind will likely cause pain, suffering, birth defects, miscarriages and premature deaths for countless generations to come.

Although radioisotopes like Uranium-238 give off relatively low doses of ionizing radiation when compared to "high dose" external radiation exposure (such that may occur in a nuclear blast), following inhalation or ingestion these alpha particle emitters remain in affected tissues and cells for days, months, years and in some cases, a (subsequently shortened) lifetime, e.g. Strontium-90.

On a cellular level, particles of Uranium-238, which are weak emitters of alpha particle radiation (and therefore considered relatively non-radiotoxic), strongly bind and incorporate into the DNA in affected cells. Once a DNA-Uranium complex is formed it is capable of amplifying the genotoxicity of natural background gamma radiation (or medical radiation) to the affected DNA through a phenomenon called "photoelectric enhancement" by up to 55,000 TIMES HIGHER than normally occurs. See [Chris Busby PhD's video](#) or [this document](#) for details.

As we reported less than a year after the Fukushima meltdown began, "[Plutonium From Fukushima Made It Around the Planet](#)":

A [recently published study](#) in the Journal of Environmental Radioactivity confirms that the radioactive fallout from the Fukushima nuclear disaster reached Europe (Lithuania), and included plutonium, the most deadly manmade element (nanogram for nanogram) in existence.

According to the study's authors the radioisotope concentrations measured indicate there was "long-range air mass transport from Japan across the Pacific, the North America and the Atlantic Ocean to Central Europe as indicated by modeling." What this means is that every region under the jet stream -- which includes half of the planet north of its equator -- could have been exposed to some degree of plutonium fall-out; a fact that is all the more disturbing when we consider there is no such thing as a safe level, and that the harm (on the human scale of time) does not dissipate: the half life of plutonium-239 is 24,200 years, and that of uranium-238 is 4,460,000,000 years, which is older than our planet.

Clearly, with anthropogenic radioisotopes like plutonium-239 having the potential of causing harm to biological systems for hundreds of thousands of years, the health implications of this and other meltdowns are profound. The United States, for instance, has many similarly constructed and arguably faultily designed nuclear

reactors as the Daiichi model (General Electric's Mark 1 reactors), and in fact, the Miami Florida region's Turkey Point nuclear plant, is not only **failing to maintain a safe and stable cooling system**, but Florida Power and Light just **approved the expansion of the facility**, despite the **protest of local activists** and **even area mayors**, and the fact that it is at extreme risk of becoming the world's next most likely site of a nuclear meltdown. Learn more by reading, "**Is Miami on the Brink of a Nuclear Disaster?**"

Even if we do not experience an overt nuclear disaster such as a full or partial meltdown, most citizens are unaware that the nuclear power grid regularly emits highly carcinogenic material into the environment, which has been directly linked to **increased rates of childhood leukemia** in the vicinity of these "properly operating" nuclear units, and that this has been covered up by the Nuclear Regulatory Commission (NRC) for decades. Learn more about the government's previous cover-up of a **nuclear meltdown in the Los Angeles region in 1959**, and by reading our previous report, "**The Nuclear Industry's Ongoing Cancer Cover-Up**."

### **What Can Be Done To Prevent Future Nuclear Disasters?**

First, we must transition off the nuclear power energy grid. This can be done through reducing power consumption and/or using alternative and sustainable energy sources. Keep in mind that **fracking produces radioactive waste that is directly released into the environment**. So don't be "green washed" by terms like "natural gas." Coal-fired plants, also, produce highly radioactive waste called coal fly ash, and which it is believed is **being used in covert geoengineering projects** to "combat climate change." Solar and wind power are better options, but have what are called "embedded energy" problems, i.e. it takes a huge amount of conventional energy and inherently toxic building materials to produce. This is why alternative and "free energy" are critical, but have historically been suppressed because of the threat they represent to the trillion plus dollar status quo of fossil fuel and nuclear forms of power generation.

Lastly, please consider joining and supporting organizations such as **BeyondNuclear.org**, and **Fairewinds Energy Education**, **ENEWS.com** and The **Low Level Radiation Campaign**. These are some of the few organizations out there who are fighting to get the truth out about the real risks associated with nuclear energy and the ongoing disaster that it represents.

Lastly, for those concerned about exposure to radiation or low-dose radioisotopes, read our article on the topic, "**Tracking & Mitigating Radiation from the Inside Out**," or peruse an extensive body of research on natural substances that mitigate **nuclear disaster related radiation toxicity**.

<http://www.greenmedinfo.com/blog/million-cancer-deaths-fukushima-expected-japan-new-report-reveals-1?page=2>