

Reply Comment MA DPU 20-69 Modernization of Electric Grid Phase Two:
Testimony of Dr. William Maykel and Patricia Burke in Opposition to MA DPU 20-69

Statement of Dr. William Maykel:

RE: Problems with the National Grid Pilot Study in Worcester, MA

Background Summary:

In 2012, National Grid ran a pilot study on smart meters in Worcester, Massachusetts that was administered through the Department of Public Utilities (DPU). It was supported by the state legislative officers, including the governor, sustainability committee, and funded with grants to WPI (Worcester Polytechnic Institute).

Problems with the Study:

1. First and foremost, the legislative body of The Commonwealth's duty is to protect the health and well-being of its citizens. The DPU participated in fraud, malfeasance, and scientific misconduct by allowing Peter Valborg, a long-standing industry-friendly scientist to sign off on the health aspects of this technology.

The evidence is quite clear and overwhelming as to the neurotoxic and carcinogenic aspects of microwave technology.

As a practicing chiropractic physician with 42 years of experience I encounter RF's negative effects daily on my patient population of all ages. These waves down-regulate the command control center (the circadian clock function) in our brains at the highest point where stress and environmental adaptation take place. The net negative effect is that microwaves turn a coherent brain stress response into one of chaos, promoting all disease, pain, and suffering.

2. The entire pilot plan was done behind closed doors, before it was foisted on the unsuspecting Worcester public.

People were auto-enrolled in the project with manipulated pricing so the pilot would look like a success.

It is fraudulent for people to not know what they are being charged as the fact that decision based-evidence making was incurred meaning they manipulated the fees to make it appear more cost-effective.

3. The public has requested that an independent, outside, neutral group investigate that pilot study. National Grid has given fraudulent results to Rhode Island and New York (Clifton Park) to further their quest.

The states of Michigan and Ohio are investigating ongoing corruption between the utilities and regulators. An independent study needs to be funded now.

Below is a good example of one of my patients.

Statement of Patricia Burke

I am a patient of Dr. Wiliam Maykel. I have been treated in his office in Auburn, MA since 2014, for microwave illness.

When I am exposed to radio frequencies, the bones in my skull often contract and clamp down on my brain. This locking of the skull, if not released, can lead to sinus and ear infections; headaches; tinnitus; cognitive, digestive, and/or sleep challenges; misalignment of the jaw and teeth; and a combination of both overcharge and exhaustion. For me, radio frequency exposure can also result in spinal misalignment, requiring chiropractic care.

One of the reasons why I am a patient of Dr. Maykel is because his treatment includes re-establishing healthy movement of the boney plates in the skull. When I began to be treated by Dr. Bill, I was able to experience the relief and rebalancing that can be accessed by re-establishing the healthy, normal skull respiratory movement pattern (even if it is temporary.)

I became ill with microwave sickness when I moved to Northern CA in 2008-2010. I did not know that CA would be installing wireless utility meters, and I was one of the individuals who became incapacitated and disabled by the presence of inescapable transmissions from new wireless meters and infrastructure.

I moved back to MA in 2010. Unfortunately, even though I have moved many times in the last 12 years, I have been unable to access safe housing and accommodation. I have lived in territories served by both Eversource and NGrid. My physiological reactions have been different in the 2 service areas, but both are problematic, and compounded by the juxtaposition of other exposures, for example, wireless water and gas meters, nearby antennas, and neighboring wi-fi.

I believe that the action of the bones tightening in the skull is a very simple, measurable, ingenious, underlying mechanical protective response designed by nature, similar to the capability of the blood-brain barrier, to protect the brain. (Not.e too, that according to independent researchers, radio frequency exposure also disrupts the integrity of the blood brain barrier. See: https://bioinitiative.org/wp-content/uploads/pdfs/sec10_2012_Effects_Electromagnetic_Fields_Wireless_Communication.pdf)

I believe that this reaction of the skull tightening evolved against a threat found in nature, - which is a lightning strike.

As a lightning strike survivor, I have direct insight into this phenomenon.

In addition to the skull clamping down, the pericardium sac that encloses the heart also contracts, akin to a shock absorber. These actions are intended to be a short duration response only engaged in an emergency, that most people would never experience in their lifetime, similar to the automatic reaction that occurs when an individual falls through ice into freezing water.

The body is not supposed to remain in the reactive state of a locked-down skull. The emergency response shuts down many of the other health-sustaining functions in the body. Unfortunately, in an EMF- polluted environment, the clamping down of the 22 boney plates in the head is one probable mechanism of injury for many individuals reporting adverse reactions to radio frequencies, in addition to other harmful effects identified by microwave-injured patients, and by non-industry, independent researchers.

More importantly, I believe this protective reaction of the bones tightening in the skull is a mechanism of injury for patients who do not realize that their biology is reacting to RF, for example, some portion of those being treated for increasing sleep issues, headaches, cognitive issues, mast cell activation, cardiac concerns, nosebleeds, glandular issues (including thyroid and adrenals), and especially for anxiety.

Even more importantly, I believe that many young children being disciplined or medicated for behavioral issues such as oppositional defiance disorder may be under the influence of a brain that is compressed, dehydrated, not properly cushioned, and overheated, with an alarmed, over-charged nervous system.

I believe that this reaction by the body's intelligence to an environmental pollutant is an underlying, unacknowledged disease vector contributing to increases in many chronic and/or degenerative illnesses, ranging from early childhood illnesses including autism, allergies, and ADD/ADHD, to end of life neurological illnesses including Alzheimer's.

For example, the contraction of the bony plates in the skull interferes with the brain's ability to detoxify, (see: <https://lifspa.com/detox-brain-cerebrospinal-fluid-csf/> re: the newly discovered glymphatic system), affecting an aging population; and would most likely be extremely damaging to the developing fetus.

My health and immunity is constantly impaired by sleep deprivation. I hear high pitched radio frequencies that go off and on over the course of the day and night, both inhibiting and interrupting rest. The sensation of microwave hearing differs from ordinary hearing because it activates feeling of vibration in the head, resulting in overcharge and exhaustion:

Hearing of Microwave Pulses by Humans and Animals: Effects, Mechanism, and Thresholds
James C Lin¹, Zhangwei Wang

PMID: 17495664 DOI: 10.1097/01.HP.0000250644.84530.e2

"The hearing of microwave pulses is a unique exception to the airborne or bone-conducted sound energy normally encountered in human auditory perception. The hearing apparatus commonly responds to airborne or bone-conducted acoustic or sound pressure waves in the audible frequency range. But the hearing of microwave pulses involves electromagnetic waves whose frequency ranges from hundreds of MHz to tens of GHz. Since electromagnetic waves (e.g.,

light) are seen but not heard, the report of auditory perception of microwave pulses was at once astonishing and intriguing. Moreover, it stood in sharp contrast to the responses associated with continuous-wave microwave radiation. Experimental and theoretical studies have shown that the microwave auditory phenomenon does not arise from an interaction of microwave pulses directly with the auditory nerves or neurons along the auditory neurophysiological pathways of the central nervous system. Instead, the microwave pulse, upon absorption by soft tissues in the head, launches a thermoelastic wave of acoustic pressure that travels by bone conduction to the inner ear. There, it activates the cochlear receptors via the same process involved for normal hearing. Aside from tissue heating, microwave auditory effect is the most widely accepted biological effect of microwave radiation with a known mechanism of interaction: the thermoelastic theory. The phenomenon, mechanism, power requirement, pressure amplitude, and auditory thresholds of microwave hearing are discussed in this paper. A specific emphasis is placed on human exposures to wireless communication fields and magnetic resonance imaging (MRI) coils. <https://pubmed.ncbi.nlm.nih.gov/17495664/>"

Sleep deprivation is prohibited by international law as a form of torture.

I believe that the FCC; meter manufacturers; utilities; along with the DPU, health department, and other regulators, can and should have supported Independent investigation of health complaints relative to increasing wireless transmissions and juxtapositions of transmissions, years ago.

This can be achieved with current technology, for example, by monitoring sleep and exposure levels in the home environment (not in a clinical setting like a sleep center), and/or monitoring heart rate and meter transmissions.

Demonstrations of the relationship between smart meters transmissions and alteration of heart rate have already been performed:

EKG Proof That "Smart" Meters Affect the Human Heart

<https://www.youtube.com/watch?v=p-aNRQNRtaI> 8 minutes

AND:

EKG Proof That "Smart" Meters Affect the Human Heart, Part II 21 minutes

<https://www.youtube.com/watch?v=UIobFr3m8kk>

Sleeping individuals are not experiencing psychological or imaginary responses when they are awoken abruptly with an altered heart rate and stress response correlating with an environmental stressor such as a nighttime transmission of data.

I am not a practicing physician, but I know of many eloquent, insightful individuals in the RF-injured community who have a great deal of wisdom to offer regarding this health issue,

For example, is it because some Lyme spirochetes burrow in the myelin sheathe lining the nerves that some Lyme patients become microwave injured?

For example, if those of fair-skinned Northern European ancestry developed an evolutionary capability regarding low sunlight exposure and vitamin D, do they also absorb more man-made artificial EMFs and have a higher propensity to become microwave injured?

[\(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432023/\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432023/)

For example, are those individuals with MTHFR gene mutation more likely to develop microwave illness?

Isn't this how science evolves?

Many of the insightful patients reporting both symptoms and insights about microwave illness are women. Instead of paying attention, complaints were and are characterized as an imaginary mental illnesses, the nocebo effect, or conspiracy theory by the industry and the media, and met with intellectual arrogance, ridicule, and mirroring long-standing discrimination and marginalization by the health-care industry of female patients.

Instead of concern, oversight, monitoring, and investigation of EMF issues, the MA DPU, utilities, and clean energy community promoted and continue to rely on the opinion of a mercenary tobacco scientist who argues against the existence of adverse health effects of cigarettes, including cancer deaths.

If a tobacco scientist dictated policy and decision-making for the covid epidemic, I believe that those promoting his/her work would be viewed as corrupt and incompetent, and guilty of malfeasance and reckless endangerment.

I believe that the smart meter industry indicted itself by relying on product defense scientists from Gradient and Exponent in smart meter proceedings across the country, and that the wireless industry has demonstrated profound recklessness and corruption regarding health and the environment, unleashing a paradigm that is far more dangerous than the fossil fuel damage that smart meters are supposed to address.

I believe that the MA DPU, Governor, Attorney General, Legislature, and Mayors should not only not support an EV-smart meter pilot program, but that they can and should pivot on the basis of emerging data, and join in confronting the FCC about its failure to update radio frequency exposure guidelines, for example for all 17 of the categories identified in 2008 by the National Academy of Sciences, including:

Exposure of juveniles, children, pregnant women, and fetuses both for personal wireless devices (e.g., cell phones, wireless personal computers [PCs] and for RF fields from base station antennas.); Variability of exposures to the actual use of the device, the environment in which it is used, and exposures from other sources; Multilateral exposures; Multiple frequency exposures; Exposure to pulsed radiofrequency radiation; Location of use (both geographic location and whether a device is primarily used indoors or outdoors); Models for men and women of various heights and for children of various ages; Exposure to others sources of RF radiation such as cordless phones, wireless computer communications, and other communications systems; Exposure to the eyes, hand or the human lap or parts of the body close to the device; RF

exposure in close proximity to metallic adornments and implanted medical devices (IMDs) including metal rim glasses, earrings, and various prostheses (e.g., hearing aids, cochlear implants, cardiac pacemakers, insulin pumps, Deep Brain Stimulators); Sufficiently long exposure and follow-up to allow for detection of effects that occur with a latency of several years; Lack of information concerning the health effects associated with living in close proximity to base stations; Research that includes children, the elderly, and people with underlying diseases; Research on possible adverse RF effects identified by changes in EEG (electroencephalogram) activity; Lack of information on possible neurophysiologic effects developing during long-term exposure to RF fields; Studies focusing on possible adverse RF effects identified by changes in cognitive performance functions; Effects of RF exposure to the sensitive biological targets of neural networks; Possible effects of RF exposure on fetal and neonatal development; Possible influences of exposure on the structure and function of the immune system, including prenatal, neonatal, and juvenile exposures; Possible influences of RF exposures on the structure and function of the central nervous system, including prenatal, neonatal, and juvenile exposures.

“The task of the 2008 National Academy of Sciences (NAS) Report, Identification of Research Needs Relating to Adverse Health Effects of Wireless Communication, was to identify any inadequacies in the research upon which the current US Radiofrequency radiation (RF) safety guidelines are based. The NAS Report did indeed find numerous inadequacies in that research record. An inadequate research record results in safety regulations that fail to address all exposures encountered by the public. Based on the 2008 NAS findings it cannot be asserted that US RF safety policy protects all members of the public from all mechanisms of harm in all exposure scenarios.”

- Janet Newton, EMR Policy Institute

In the face of increasing evidence of harm, measuring meter transmissions against inadequate theoretical safety regulations as evidence of "safety" is unscientific and short-sighted.

Until the MA DPU can insure the protection of all members of the public from risk and harm due to utility infrastructure build-out, increasing exposures should be halted in favor caution and investigation, including investigating the need to shield the premises of medically-vulnerable individuals.

Patricia Burke