See this article: https://maisonsaine.ca/sante-et-securite/electrosmog/smart-meters-correcting-gross-misinformation.html

Smart Meters: Correcting the Gross Misinformation

agfauteux | 11 juin 2012 | 13 Commentaires

Quebec-based magazine La Maison du 21e siecle asked physician David O. Carpenter, former founding dean of the University at Albany (NY)’s School of Public Health, to comment an open letter published in the Montreal daily Le Devoir on May 24 2012. This letter claimed wireless smart meters pose no risk to public health. More than fifty international experts contributed to the following rebuttal.

Dr David O. Carpenter, founder, University at Albany (NY) School of Public Health

We, the undersigned are a group of scientists and health professionals who together have coauthored hundreds of peer-reviewed studies on the health effects of electromagnetic fields (EMFs). We wish to correct some of the gross misinformation found in the letter regarding wireless “smart” meters that was published in the Montreal daily Le Devoir on May 24.

Submitted by a group Quebec engineers, physicists and chemists, the letter in question reflects an obvious lack of understanding of the science behind the health impacts of the radiofrequency (RF)/microwave EMFs emitted by these meters.

The statement that « Thousands of studies, both epidemiological and experimental in humans, show no increase in cancer cases as a result of exposure to radio waves of low intensity... » is false (1). In fact, only a few such studies — two dozen case-control studies of mobile phone use, certainly not thousands, have reported no elevations of cancer, and most were funded by the wireless industry. In addition, these reassuring studies contained significant experimental design
flaws, mainly the fact that the populations followed were too small and were followed for a too short period of time.

Non industry-funded studies have clearly demonstrated a significant increase in cancer cases among individuals who have suffered from prolonged exposure to low-level microwaves, transmitted notably by radio antennas. The effects were best documented in meta-analyses that have been published and that include grouped results from several different studies: these analyses consistently showed an increased risk of brain cancer among regular users of a cell phone who have been exposed to microwaves for at least ten years. Children and youths are especially vulnerable (2). For example, the 2009 Hardell-Carlberg study reported a consistent association between use of mobile or cordless phones and two types of head tumors, astrocytoma grade I-IV and acoustic neuroma. The authors found an especially high risk for persons that started use of mobile or cordless phones before the age of 20 years, although based on low numbers.

**Brain Cancer Rates**

Furthermore, the argument that brain cancer rates do not indicate an overall increase in incidence is not evidence that cell phones are safe: the latency for brain cancer in adults after environmental exposure can be long, up to 20-30 years. Most North Americans haven’t used cell phones extensively for that long. The evidence of the link between long-term cell phone use and brain cancer comes primarily from Northern Europe, where cell phones have been commonly used since the 1990s. Nevertheless, the most recent collection of primary brain tumors mined from pathology units in Australia showed brain cancer incidence rose by about 35% between 2000 and 2008 in the Australian Capital Territory and New South Wales (total population: more than 7 million).

In May 2011, after reviewing the published scientific literature regarding cancers affecting cell phone users, the International Agency for Research on Cancer (IARC) classified radiofrequency radiation as a 2B, possible human carcinogen. Despite the absence of scientific consensus, the evidence is sufficiently compelling for any cautious parent to want to reduce their loved one’s exposure to RF/microwave emissions as much as possible, as recommended by various countries such as Austria, Belgium, Germany, Russia and the United Kingdom.

**Electrosensitivity**

Public fears about wireless smart meters are well-founded. They are backed by various medical authorities such as those of the Santa Cruz County (California) Public Health Department. These authorities are worried about the growing number of citizens who say they have developed electrohypersensitivity (EHS), especially since for many of them, the symptoms developed after the installation of such meters (it takes some time for most people to link the two events).

Since the turn of the millennium, people are increasingly affected by ambient microwaves due to the growing popularity of wireless devices such as cell phones and Wi-Fi Internet. Therefore, the mass deployment of smart grids could expose large chunks of the general population to alarming risk scenarios without their consent. According to seven surveys done in six European countries between 2002 and 2004, about 10% of Europeans have become electrosensitive. The most
famous person to **publicly reveal her electro sensitiv ity is Gro Harlem Brundtland**, formerly Prime Minister of Norway and retired Director of the World Health Organization (WHO).

**While there is no consensus on the origins and mechanisms of EHS**, many physicians and other specialists around the world have become aware that EHS symptoms (neurological dermatological, acoustical, etc.) seem to be triggered by exposure to EMF levels well below current international exposure limits, which are established solely on short-term thermal effects (3). Organizations such as the Austrian Medical Association and the American Academy of Environmental Medicine have recognized that the ideal way to treat of EHS is to reduce EMF exposure.

Therefore, caution is warranted because the growing variety of RF/microwave emissions produced by many wireless devices such as smart meters have never been tested for their potential biological effects.

**Well-known bioeffects**

While the specific pathways to cancer are not fully understood, it is scientifically unacceptable to deny the weight of the evidence regarding the increase in cancer cases in humans that are exposed to high levels of RF/microwave radiation.

The statement that « there is no established mechanism by which a radio wave could induce an adverse effect on human tissue other than by heating » is incorrect, and reflects a lack of awareness and understanding of the scientific literature on the subject. In fact, more than a thousand studies done on low intensity, high frequency, non-ionizing radiation, going back at least fifty years, show that some biological mechanisms of effect do not involve heat. This radiation sends signals to living tissue that stimulate biochemical changes, which can generate various symptoms and may lead to diseases such as cancer.

Even though RF/microwaves don’t have the energy to directly break chemical bonds, unlike ionizing radiation such as X-rays, there is scientific evidence that this energy can cause DNA damage indirectly leading to cancer by a combination of biological effects. Recent publications have documented the generation of free radicals, increased permeability of the blood brain barrier allowing potentially toxic chemicals to enter the brain, induction of genes, as well as altered electrical and metabolic activity in human brains upon application of cell phone RF/microwaves similar to those produced by smart meters.

These effects are cumulative and depend on many factors including RF/microwave levels, frequency, waveform, exposure time, biovariability between individuals and combination with other toxic agents. Clear evidence that these microwaves are indeed bioactive has been shown by the fact that low-intensity EMFs have proven clinically useful in some circumstances. Pulsed EMFs have long been used to successfully treat bone fractures that are resistant to other forms of therapy. More recently, frequency-specific, amplitude-modulated EMFs have been found useful to treat advanced carcinoma and chronic pain.

High frequency EMFs such as the microwaves used in cell phones, smart meters, Wi-Fi and cordless “DECT” phones, appear to be the most damaging when used commonly. Most of their
biological effects, including symptoms of electrohypersensitivity, can be seen in the damage
done to cellular membranes by the loss of structurally-important calcium ions. Prolonged
exposure to these high frequencies may eventually lead to cellular malfunction and death.

Furthermore, malfunction of the parathyroid gland, located in the neck just inches from where
one holds a cell phone, may actually cause electrohypersensitivity in some people by reducing
the background level of calcium ions in the blood. RF/microwave radiation is also known to
decrease the production of melatonin, which protects against cancer, and to promote the growth
of existing cancer cells.

**Early warning scientists attacked**

In recommending that the Precautionary Principle be applied in EMF matters, the European
Environment Agency’s Director Jacqueline McGlade wrote in 2009: “We have noted from
previous health hazard histories such as that of lead in petrol, and methyl mercury, that ‘early
warning’ scientists frequently suffer from discrimination, from loss of research funds, and from
unduly personal attacks on their scientific integrity. It would be surprising if this is not already a
feature of the present EMF controversy…” Such unfortunate consequences have indeed
occurred.

The statement in the *Le Devoir* letter that « if we consider that a debate should take place, it
should focus exclusively on the effects of cell phones on health » is basically an
acknowledgement that there is at least some reason to be concerned about cell phones. However,
while the immediate exposure from a cell phone is of much greater intensity than the exposure
from smart meters, cell phone use is temporary.

**Smart meters**

As Australian Associate Professor of neurosurgery Vini G. Khurana reports, adverse
neurological effects have been reported in people who sustain close proximity to wireless meters,
especially under 10 feet (3 metres).

A wireless smart meter produces radiofrequency microwave radiation with two
antennas in approximately the same frequency range (900 MHz to 2.4 GHz) as a typical
cell tower. But, depending on how close it is to occupied space within a home, a smart
meter can cause much higher RF exposures than cell towers commonly do. If a smart
meter is located on a common wall with a bedroom or kitchen rather than a garage wall,
for example, the RF exposure can be the same as being within 200 to 600 feet distance
of a cell tower with multiple carriers. With both cell towers and smart meters, the entire
body is immersed by microwaves that go out in all directions, which increases the risk
of overexposure to many sensitive organs such as the eyes and testicles. With a cell
phone, people are exposed to microwaves primarily in the head and neck (unless using
speaker mode), and only when the device is turned on or in standby mode.

Wireless smart meters typically produce atypical, relatively potent and very short pulsed
RF/microwaves whose biological effects have never been fully tested. They emit these
millisecond-long RF bursts on average 9,600 times a day with a maximum of 190,000 daily
transmissions and a peak level emission two and a half times higher than the stated safety signal,
as the California utility Pacific Gas & Electric recognized before that State’s Public Utilities
Commission. Thus people in proximity to a smart meter are at risk of significantly greater aggregate of RF/microwave exposure than with a cell phone, not to mention the cumulative exposure received by people living near multiple meters mounted together, pole-mounted routers or utility collector meters using a third antenna to relay RF signals from 500 to 5,000 homes.

A technical study performed by Sage Associates in California indicates that RF levels from various scenarios depicting normal smart meter installation and operation may violate even the out-of-date US public safety standards which only consider acute thermal effects. This can happen when a person stands close to the meter to read the power consumption, or touches it, or shades the meter face with a hand to better read it. Emissions are also increased by reflective materials, such as stainless steel, other metals and mirrors, which can re-radiate stronger that the otherwise unaltered background. Microwaves are absorbed and dissipated by partially conductive materials, such as cement and special RF shielding paints and fabrics.

In addition to the erratic bursts of modulated microwaves emitted by wireless smart meters transferring usage data to electric, gas and water utilities, wireless as well as wired smart (powerline communication) meters are also a major source of “dirty electricity” (electrical interference of high frequency voltage transients typically of kilohertz frequencies). Some scientists, such as American epidemiologist Sam Milham, believe that many of the health complaints about smart meters may also be caused by dirty electricity generated by the «switching» power supply activating all smart meters. Since the installation of filters to reduce dirty electricity circulating on house wiring has been found to relieve symptoms of EHS in some people, this method should be considered among the priorities aimed at reducing potential adverse impacts. Indeed, the Salzburg State (Austria) Public Health Department confirms its concern about the potential public health risk when in coming years almost every electric wire and device will emit such transient electric fields in the kilohertz-range due to wired smart meters.

Rather be safe than sorry
The apparent adverse health effects noted with smart meter exposure are likely to be further exacerbated if smart appliances that use wireless communications become the norm and further increase unwarranted exposure.

To date, there have been few independent studies of the health effects of such sources of more continuous but lower intensity microwaves. However, we know after decades of studies of hazardous chemical substances, that chronic exposure to low concentrations of microwaves can cause equal or even greater harm than an acute exposure to high concentrations of the same microwaves.

This is why so many scientists and medical experts urgently recommend that measures following the Precautionary Principle be applied immediately — such as using wired meters — to reduce biologically inappropriate microwave exposure. We are not advocating the abolishment of RF technologies, only the use of common sense and the development and implementation of best practices in using these technologies in order to reduce exposure and risk of health hazards.
(1) **Scientific papers on EMF health effects**
(2) On Nov. 19 2012, we struck from this letter an error propagated in the media claiming that « In May 2012, the **U.K.’s Office of National Statistics reported a 50 percent increase in incidence of frontal and temporal lobe tumors in children between 1999 and 2009.»
(3) **Explanation and studies on electrosensitivity**
(4) **Governments and organizations that ban or warn against wireless technology**

- **David O. Carpenter**, MD, Director, Institute for Health & the Environment, University at Albany, USA
- **Franz Adlkofer**, M.D., Chairman of the Pandora Foundation, Coordinator of the European Reflex Report on DNA-damage by cellphone radiation, Neuendorf, Germany
- **M. S. H. Al Salameh**, PhD, Professor of Electrical Engineering, University of Science & Technology, Irbid, Jordan
- **Jennifer Armstrong**, MD, Past President, American Society for Environmental Medicine, Founder, Ottawa Environmental Health Clinic, Ontario, Canada
- **Pierre L. Auger**, MD, Occupational medicine, Multiclinique des accidentés 1464, Montreal, Quebec, Canada
- **Igor Beliaev**, PhD, Head research scientist, Cancer Research Institute, Slovak Academy of Sciences, Bratislava, Slovak republic
- **Fiorella Belpoggi**, PhD, Director Cesare Maltoni Cancer Research Center, Ramazzini Institute, Bologna, Italy
- **Dominique Belpomme**, MD, Director of the European Cancer and Environment Research Institute, Brussels, Belgium
- **Martin Blank**, PhD, former President, Bioelectromagnetics Society, Special Lecturer, Department of Physiology and Cellular Biophysics, Columbia University Medical Center, New York, USA
- **Barry Breger**, MD, Centre d’intégration somatosophostique (orthomolecular medicine), Montreal, Quebec
- **Simona Carrubba**, PhD, Prof. Biophysics, Daemen College, Amherst, NY, Associate Researcher, Neurology, Buffalo General Hospital, Buffalo, NY
- **John Cline**, MD, Professor, Institute for Functional Medicine, Federal Way, WA, USA, Medical Director, Cline Medical Centre, Nanaimo, BC, Canada
- **Alvaro Augusto de Salles**, PhD, Professor of Electrical Engineering, Federal University of Rio Grande do Sul, Porto Alegre, Brazil
- **Christos Georgiou**, Prof. Biochemistry, Biology Department, University of Patras, Greece
- **Andrew Goldsworthy**, PhD, Honorary lecturer in Biology, Imperial College, London, UK
- **Claudio Gómez-Perretta**, MD, Director, Centro de Investigación, Hospital Universitario LA Fe, Valencia, Spain
- **Livio Giuliani**, PhD, Senior Researcher, National Insurance Institute (INAIL), Chief of Radiation and Ultrasounds Research Unit, Rome, Italy
- **Yury Grigoriev**, PhD, Chair Russian National Committee on Non-Ionizing Radiation Protection, Moscow, Russia
- **Settimio Grimaldi**, PhD, Director, Institute of Translational Pharmacology (Neurobiology and molecular medicine), National Research Council, Rome, Italy
- **Magda Havas**, PhD, Centre for Health Studies, Trent University, Canada
- **Lennart Hardell**, MD, Professor of Oncology, University Hospital, Örebro, Sweden
• Denis L. Henshaw, PhD, Professor of Physics, Head of The Human Radiation Effects Group, University of Bristol, UK
• Ronald B. Herberman, MD, Chairman of Board, Environmental Health Trust, and Founding Director emeritus, University of Pittsburgh Cancer Institute, USA
• Donald Hillman, PhD, Dairy Science, Professor Emeritus, Department of Animal Science, Michigan State University, USA
• Isaac Jamieson, PhD, Environmental Science (electromagnetic phenomena in the built environment), independent architect, scientist and environmental consultant, Hertfordshire, UK
• Olle Johansson, PhD, Professor of Neuroscience (Experimental Dermatology Unit), Karolinska Institute, Stockholm, Sweden
• Yury Kronn, PhD, Soviet authority on physics of nonlinear vibrations and high frequency electromagnetic vibrations, founder of Energy Tools International, Oregon, USA
• Vini G. Khurana, MBBS, Associate of Professor of Neurosurgery, Australian National University, Australia
• Henry Lai, PhD, Professor of Bioengineering, University of Washington School of Medicine, Seattle, WA, USA
• Abraham R. Liboff, PhD, Professor Emeritus, Department of Physics, Oakland University, Rochester, Michigan, USA
• Don Maisch, PhD, Researcher on radiation exposure standards for telecommunications frequency, EMFacts Consultancy, Tasmania, Australia
• Erica Mallery-Blythe, MD, Emergency Medicine Physician, England
• Andrew A. Marino, MD, Professor of Neurology, LSU Health Sciences Center, Shreveport, LA, USA
• Karl Maret, MD, President, Dove Health Alliance, Aptos, CA, USA
• Fiorenzo Marinelli, PhD, Researcher on biological effects of EMFs, Institute of Molecular Genetics, National Research Council, Bologna, Italy
• Andrew Michrowski, PhD, Director, Planetary Association for Clean Energy, Ottawa, Canada
• Sam Milham, MD, former chief epidemiologist, Washington State Department of Health, USA
• Joel M. Moskowitz, PhD, Director, Center for Family and Community Health, School of Public Health, University of California, Berkeley
• Gerd Oberfeld, MD, Public Health Department, Salzburg State Government, Austria
• Mike O’Carroll, PhD, Professor Emeritus (Applied Mathematics), University of Sunderland, UK
• Jerry L. Phillips, PhD, Director, Center for Excellence in Science, Department of Chemistry and Biochemistry, University of Colorado, USA
• John Podd, PhD, Professor of Psychology (experimental neuropsychology), Massey University, New-Zeland
• William J. Rea, MD, thoracic and cardiovascular surgeon, founder of the Environmental Health Center, Dallas, Tx, USA
• Elihu D. Richter, MD, Professor, Hebrew University-Hadassah School of Public Health and Community Medicine, Jerusalem, Israel
• Leif G. Salford, MD, Senior Professor of Neurosurgery, Lund University, Sweden
• Nesrin Seyhan, MD, Founder and Chair of Biophysics, Medical Faculty of Gazi University, Turkey
• Cyril W. Smith, PhD, lead author of “Electromagnetic Man”, retired from Electronic and Electrical Engineering, University of Salford, UK
• Morando Soffritti, MD, Scientific Director of the European Foundation for Oncology and Environmental Sciences “B. Ramazzini” in Bologna, Italy
• Carlos Sosa, MD, surgeon affected by the Microwave syndrome, Medellin, Columbia
• Antoinette “Toni” Stein, PhD, Collaborative on Health and the Environment (CHE-EMF Working Group), Co-Coordinator, Berkeley, CA, USA
• Stanislaw Szmigielski, MD, PhD Professor of Pathophysiology, Consulting Expert, former director of Microwave Safety, Military Institute of Hygiene and Epidemiology, Warsaw, Poland
• Lauraine Vivian, PhD, Senior Lecturer, Primary Health Care Directorate, Faculty of Health Sciences, University of Cape Town, South Africa.
• Bradford S. Weeks, MD, Director, The Weeks Clinic, Clinton, WA, USA
• Stelios A. Zinelis, MD, Vice-President, Hellenic Cancer Society, Cefallonia, Greece

Coordination: Andre Fauteux, Publisher and Editor in chief, la Maison du 21e siècle magazine, Sainte-Adele, Quebec, Canada.

Articles similaires:

1. Electrosensitivity caused by chronic nervous system arousal – Dr Roy Fox
2. Actualités électrosmog: cellulaire et cancer
3. Electrosmog: twelve ways of avoiding it
4. Compteurs intelligents: les dernières actualités web

Mots-clé: brain cancer, cancer, microwaves, quebec, radiofrequency, smart meters

Catégorie: Actualités, Électrosmog, Hypersensibilités environnementales, Maisons saines