16 February 2015

The Hon. Jill Hennessy MP
Minister for Health
Level 22
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Melbourne
Victoria 3000

By email: minister.health@health.vic.gov.au

Dear Minister

Stop Smart Meters Australia (SSMA) congratulates you on your appointment as Minister for Health.

We hope that your incumbency will herald an increased level of responsibility and accountability within the Government and the Victorian Department of Health & Human Services. SSMA particularly wishes to bring to your attention issues surrounding the mandated rollout of smart meters in Victoria.

As advised to the previous Government, SSMA is in receipt of in excess of 250 (unsolicited) reports alleging a variety of adverse symptoms, some of which have been life-threatening, as a result of exposure to smart meters’ radiofrequency (RF) emissions. This cohort is viewed as being the ‘tip of the iceberg’. The majority of the population and the Australian medical fraternity (unlike in some countries) have no previous experience, nor training, in identifying biological changes resulting from increased non ionising radiation exposure. In consequence they are unlikely to link the rollout of AMI technology to the symptoms which have been triggered. The emissions from Victoria’s smart meters appear to have exacerbated existing symptoms, in addition to triggering new symptoms in people who have not previously exhibited sensitivity to wireless technology.

Written evidence submitted to the UK Parliament in 2013 attested to the fact that the pulsed radiation from smart meters has resulted in thousands of health complaints worldwide. More than 10,000 health-related complaints were submitted to the California Public Utilities Commission alone, and included personal testimonies from medical doctors, psychotherapists and nurses regarding their own symptoms (Stop Smart Meters! 2013).

In some cases the impact on people’s lives has been profound, resulting in high personal costs for these people and their families. Outcomes which SSMA has been advised of include a number of cases where people have ceased employment as a direct result of smart meters, have undergone unnecessary medical procedures, have been hospitalised, have
outlaid many thousands of dollars to partially shield their homes from smart meter emissions, have no longer been able to access parts of their homes and gardens, and have relocated their families interstate to escape the emissions.

We wish to direct your attention to a recent PubMed-listed, peer-reviewed study titled Self-reporting of Symptom Development From Exposure to Radiofrequency Fields of Wireless Smart Meters in Victoria, Australia: A Case Series which offers the hypothesis that "some people can develop symptoms from exposure to the radiofrequency fields of wireless smart meters" (Lamech 2014, p. 38). The study’s conclusions point to the "possibility that smart meters may have unique characteristics that lower people's threshold for symptom development".

Although Victorian AMI emissions have been shown to be a fraction of the radiofrequency limits set down by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA), this offers little comfort in view of the fact that 40% of the world has the benefit of significantly better protection. Radiofrequency exposure guidelines in place elsewhere are ten to thousands of times more rigorous than the ARPANSA standard, which is based on 1998 ICNIRP guidelines (Jamieson 2014, p. 4).

Australia’s radiofrequency standard is aimed at guarding against gross thermal effects as a result of an increase in the temperature of body tissue. It does not provide protection against the many, and varied biological effects – as shown in thousands of studies – which occur at levels that can be significantly below the limits set by the standard.

The U.S. Naval Medical Research Institute listed over 2000 studies in a report dated as early as 1971 giving evidence of adverse biological effects as a result of radiofrequency radiation (Glaser 1972).

Current research concurs, showing that adverse outcomes include DNA single strand and double strand breaks, breaching of the blood-brain barrier and increased production of heat-shock proteins (Maret 2012, p. 19). Not surprisingly, and similarly to the prolonged cover-up of other pollutants, such as tobacco and asbestos, it has been found that industry-funded studies only have a 30% likelihood of finding adverse effects as compared to independent studies, where the likelihood is 70% (Ishisaka 2011).

**Smart meter post-rollout surveillance program**

Specifically, we request that the Victorian Government implements a smart meter post-rollout health surveillance program. We recommend that this includes:

- a program for systematically gathering evidence of adverse reactions to emissions from smart meters and smart meter infrastructure, with data collected as a result of this program input into
- a database, which would provide the basis for determining government policy.

Our anticipation is that the data gathering program would provide the means for health professionals and the public to voluntarily report adverse reactions to smart meter emissions. In addition, we consider that mandatory reporting of adverse outcomes (received
either verbally or in writing by power distributors, retailers, and government departments involved in the AMI rollout, including reports received to-date) is essential, in order to establish an accurate picture of the issue. Such an initiative would also provide the means for the Department of Health & Human Services to rapidly communicate new safety information, in relation to smart meter emissions, to the public and medical community.

We envisage that the resulting computerised information database would be evaluated by a multidisciplinary staff of safety evaluators, epidemiologists and other scientists. Once a number of reports exist, the Government would be in a position to investigate individual cases. We anticipate that this would involve further medical assessment of individuals to rule out other possible causes of symptoms, plus the measurement of electromagnetic radiation (EMR) levels in their living and working environments. This then would provide data on the levels of exposure which are leading to adverse reactions and rule out other sources of EMR.

Implementation of a smart meter post-rollout health surveillance program would appear to satisfy the legislative requirements of the Health and Wellbeing Act 2008. Section 17 (2) (e) of the Act stipulates that the Secretary's functions include that of establishing and maintaining a comprehensive information system which includes information in respect of—

(i) the health status of persons and classes of persons in Victoria, including information about the extent and effects of disease, illness, injury, disability or premature death and (ii) the determinants of individual health and public health and wellbeing.

**Need for electro-hypersensitivity (EHS) public health and wellbeing policies**

In addition, we believe that the requirements of the Health and Wellbeing Act 2008 oblige the Department of Health & Human Services to take steps to address the growing numbers of Victorians who are presenting with symptoms of Electro-Hypersensitivity (EHS).

Section 17 (2) of the Act Health and Wellbeing Act 2008 requires the Secretary:

(a) to promote awareness and understanding of public health and wellbeing issues within the community;
(b) to develop public health and wellbeing policies;
(c) to assist persons who have an impact on public health to enhance opportunities for protecting public health; and
(d) to support, equip and empower communities to address local public health issues and needs.

Specifically, we believe that it is imperative, in light of the growing number of persons presenting with symptoms of electro-hypersensitivity, that the Department of Health & Human Services formulates policies which will empower the medical profession to grasp and develop a greater understanding of these issues. These health professionals will then be better placed to assist the public, as has already occurred in countries such as Austria, Canada and Sweden.

SSMA supports the precautionary principle espoused in section 6 of the Act: "If a public health risk poses a serious threat, lack of full scientific certainty should not be used as a reason for postponing measures to prevent or control the public health risk." To date, there
is no study, anywhere in the world, which has shown that wireless AMI technology is safe, and that it does not pose a long-term threat to the health of humans.

SSMA concurs with Section 7 (1) of the Act, which states that "The prevention of disease, illness, injury, disability or premature death is preferable to remedial measures." We hope that the new Government is able to take this objective to heart.

We look forward to your response in regards to the issues which we have raised. SSMA would also welcome the opportunity to meet with you to further discuss these matters.

Yours faithfully

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References


