

October 18, 2018

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, 2nd Floor
Harrisburg, PA 17120

RE: Cindy Kelly v. Metropolitan Edison Company
Docket No. C-2018-3004681

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OCT 19 2018

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Dear Secretary Chiavetta:

Enclosed please find my response regarding the statement set forth by Lauren M. Lepkoski and Tori L. Giesler in their filings (Answer in matter and Preliminary Objection) on October 9th 2018.

Please note that both statements sent by this office on 10/9/2018 did NOT arrive in my mailbox until the afternoon of 10/13/2018. I find the declared expectation to respond back within 10 days unrealistic and unreasonable, with no allowance for slow rural mail service or my calendar. I have prepared my response as best as I could given the constraints.

I humbly request that the Commission grant me an exemption or delay installing a smart meter on my home, if the Company is unable to provide any independent proof of the safety of the devices they are installing. To move forward with out such evidence should be admission that the device is known to be unsafe for human health, home safety and security. My belief is that is the reason most states provide citizens a way to opt out of the devices.

As clearly stated in the attached documentation, I have been dealing with health issues and am just starting to make progress in resolving them. Installing a smart meter on my home will negatively affect my health according to documentation I have found and lack of documentation by the Company confirms that. I am fighting for my life and asking that you will help me do that by granting an exemption for my home.

Sincerely,



Cindy J. Kelly
[Homeowner]

CC:

Lauren M. Lepkoski
Tori L. Giesler
FirstEnergy Service Company
2800 Pottsville Pike
P.O. Box 16001
Reading, Pennsylvania 19612-6001

Rep Gary Day
163B East Wing
PO Box 202187
Harrisburg, PA 17120-2187

Regarding answers and statements provided by the utility company, below is my response. Numbers align with their document.

4. Accepted in part and Denied in part.

Accept.

On January 11th the utility company representative showed up at my door without warning and requested that the meter be reinstalled. They stated that there might be a brief interruption of service. See Exhibit A as proof of my schedule.

Deny.

At that time I was preparing for a long weekend away from home and my stress and anxiety levels were OFF the chart. My chronic illness is one that is stress based. I had a number of activities in play that REQUIRED constant stream of electricity and access to the Internet. I asked if it was possible to do it another time and inquired if it must be done at all. They said they would move me to the bottom of the list and retry. There was NO REFUSAL to install the meter and there was NO discussion of documentation at this time, as stated in the Company's response.

I do not recall ANY conversation with a Company representative on January 15th. Given my stress levels at that time, I would have remembered the call after my trip. I believe the date could have been February 15th when they called to reschedule for February 17th. The February 17th appointment was missing from the Company's report. (See Exhibit B as proof that I rearranged my schedule for meter to be installed.) It was at THAT time that I discussed my health issues with them and concern that the meter could cause further harm to my health. The scheduler assured me that they had documentation that the meters were SAFE and the technician would leave that with me before departing.

I have never refused the meter, as stated by the Company. My agreement in February to schedule the install and rearrange my plans clearly shows that. I am merely asking for independent documentation that it is safe for my health, home and safety.

I have found nothing in my research and the company has been unable to provide me with independent research. Surely there must be some evidence of safety if the state is insisting on a change that affects all residents.

Accept

I do have an entry in my journal on 6/28 that they were at the house to install and did not have any information on safety with them. I noted that they said they would be returning with it.

Incorrect

On or about July 30th, I did receive a call from a technician who wanted to stop by to install a new meter. I asked if they had any safety documentation for me and they

Response to Metropolitan Edison Company - October 18, 2018

said they did not. They did not come to my house. After this visit I was concerned that the Company did not have any evidence of the safety of their devices and called my State Representatives office to find out what could be done.

5. Deny

I do not know what proof the Company requires or how they can simply deny my data when they can provide no proof of their own. What is required? My medical records? My medication and supplement receipts? My medical bills? Resources to back up my statements? Given the limited amount of time I was given to respond, I have included what I was able and seemed appropriate.

6. Deny

Why is the company denying that I don't have a PFA order or even investigating such a claim?

7. Strongly Deny

I stated I was filing a complaint to gain an exemption or delay in the installation. I have never stated to the company or representative that they could not install a meter or that they could not access the meter. It is INACCURATE for them to repeatedly say I refused when I have not. I am simply following the process that my state representative advised could be taken. While other states give their citizens the ability to opt out, the process is the only means to possibly gain exemption in PA.

11. Accepted in part and Denied in part.
Accept.

On January 11th the utility company representative showed up at my door without warning and requested that the meter be reinstalled. They stated that there might be a brief interruption of service. See Exhibit A as proof of my schedule.

Deny.

At that time I was preparing for a long weekend away from home and my stress and anxiety levels were OFF the chart. My chronic illness is one that is stress based. I had a number of activities in play (printing, recording, access to photos online, cooking) that REQUIRED constant stream of electricity and access to the internet. I asked if it was possible to do it another time and inquired if it must be done at all. They said they would move me to the bottom of the list and retry. There was NO REFUSAL to install the meter and there was NO discussion of documentation at this time, as stated in the Company's response:

I do not recall ANY conversation with a Company representative on January 15th. Given my stress levels at that time, I would have remembered the call after my trip. I believe the date could have been February 15th when they called to reschedule for February 17th. (See Exhibit B as proof that I rearranged my schedule for meter to be installed.) It was at THAT time that I discussed my health issues with them and concern that the meter could cause further harm to my health. The scheduler

Response to Metropolitan Edison Company - October 18, 2018

assured me that they had documentation that the meters were SAFE and the technician would leave that with me before departing.

I have never refused the meter, as stated by the Company. My agreement in February to schedule the install and rearrange my plans clearly shows that fact.

I am merely asking for independent documentation that it is safe for my health, home and safety.

I have found nothing in my research and the company has been unable to provide me with independent research. Surely there must be something if the state is insisting on a change that affects all residents.

Accept

I do have an entry in my journal on 6/28 that they were at the house to install and did not have any information on safety with them. I noted that they said they would be returning with it.

Incorrect

On or about July 30th, I did receive a call from a technician who wanted to stop by to install a new meter. I asked if they had any safety documentation for me and they said they did not. They did not come to my house. After this visit I was concerned that the Company did not have any evidence of the safety of their devices and called my State Representatives office to find out what could be done.

Lastly, I humbly request that the Commission grant me an exemption or delay installing a smart meter on my home, if the Company is unable to provide any independent proof of the safety of the devices they are installing. To move forward with out such evidence should be admission that the device is known to be unsafe for human health, home safety and security. My belief is that why most states provide citizens a way to opt out of the devices.

As clearly stated in the attached documentation, I have been dealing with health issues and am just starting to make progress in resolving them. Installing a smart meter on my home will negatively affect my health according to documentation I have found and lack of documentation by the Company confirms that. I am fighting for my life and asking that you will help me do that by granting an exemption for my home. Please see Exhibit C from one of my practitioners.

Response to Metropolitan Edison Company - October 18, 2018

EXHIBIT A SCHEDULE FOR JANUARY 11 AND TRIP	5
EXHIBIT B PROOF OF INSTALLATION APPOINTMENT FOR 2/17/2018	6
EXHIBIT C – NOTE FROM PRACTITIONER ON CURRENT HEALTH ISSUES.	8
C1 – DOCUMENTATION SUPPORTING CURRENT HEALTH ISSUES AND HISTORY.....	9
APPENDIX A HEALTH RESOURCES	12
A0 EPSTEIN-BARR VIRUS	13
A1 LINK BETWEEN EBV AND EMF EXPOSURE.....	16
A2 EPSTEIN-BARR VIRUS REACTIVATED BY ELECTROMAGNETIC FIELD	17
A3 EPSTEIN-BARR VIRUS AND IT’S CONNECTION TO CANCER, AUTOIMMUNE, AND OTHER CHRONIC DISEASES (AND EMF).....	19
<u>EPSTEIN-BARR VIRUS AND IT’S CONNECTION TO CANCER, AUTOIMMUNE, AND OTHER CHRONIC DISEASES</u>	19
A4 EATING & LIFESTYLE FOR EPSTEIN-BARR RECOVERY	21
APPENDIX B SMART METER IMPACTS	23
B1 WESTON A PRICE REPORT ON SMART METERS	23

Response to Metropolitan Edison Company - October 18, 2018

EXHIBIT A Schedule for January 11 and trip

January 2018

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		Jan 1	2	3	4	5	6
New Year's Eve New Year's Eve		New Year's Day New Year's Day	***** 9:30 AM				
	7	8	9	10	11	12	13
	***** 11 AM	***** 11 AM	***** 1:30 PM	***** 9 AM	***** 11 AM	***** 9 AM SCRAPPING	***** 10 AM
	14	15	16	17	18	19	20
SCRAPPING ***** 10 AM		Martin Luther King Jr... Martin Luther King, Jr... ***** 2 PM	***** 10 AM	***** 1:15 PM			

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OCT 19 2018

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Response to Metropolitan Edison Company - October 18, 2018

EXHIBIT B Proof of Installation appointment for 2/17/2018


Active 30m ago

FEB 17TH, 9:50AM

Gonna be a little late. Sorry. 😊



Ok....

FEB 17TH, 1:29PM

Ugh... they had said they were going to install one of those smart electric meters today and said the guy would ask at the door before going through the fence. So I tried to make sure the dogs were played out before they might come. I also had to come downstairs a few times while I was getting read because I thought I heard the door, which made me later. ...they did not come anyway.

FEB 17TH, 3:38PM



Maybe they ran into a problem at their earlier visit. I have been there....done that myself. You made it for the video and discussion and the dogs got extra exercise this morning....sounds like a win win!!!

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Response to Metropolitan Edison Company - October 18, 2018

February 17, 2018

Saturday

bit-day

8 AM

7:45 AM

Meter changing in morning

9 AM

10 AM

10 AM

Bible Study/ Sheri's

11 AM

NOON

1 PM

2 PM

3 PM

Response to Metropolitan Edison Company - October 18, 2018

Exhibit C – Note from Practitioner on current health issues.

Laura D'Itri Functional Wellness // www.lauraditri.com

October 18, 2018

To Whom It May Concern:

I am writing in regards to Cindy Kelly, a current client of mine who I have been working with since August 2018.

Cindy's current symptoms are consistent with Chronic Fatigue Syndrome. Through very thorough lab testing, we were able to see that her Chronic Fatigue Syndrome was due to a reactivation of the Epstein-Barr virus (indicated by the high number of early antigen antibodies).

Cindy has come a long way in the few months we have been working together, and I recommend against installation of a smart meter in her home due to the possibility of the Epstein-Barr virus reactivating again due to EMFs. I make this recommendation based on a study¹ showing 50 Hz EMF resulted in an increased number of cells expressing the [Epstein-Barr] virus early antigens.

Please contact me with any questions.

Laura D'Itri MSOM LAc
Lic. # CA13450
Functional Medicine Practitioner & Chronic Fatigue Specialist
www.lauraditri.com
laura@lauraditri.com

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OCT 19 2018

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¹ Grimaldi et al. 1997. Exposure to a 50 Hz electromagnetic field induces activation of the Epstein-Barr virus genome in latently infected human lymphoid cells.
<https://www.ncbi.nlm.nih.gov/pubmed/9276003>

Response to Metropolitan Edison Company - October 18, 2018

C1 – Documentation supporting current health issues and history

Name: Cindy J. Kelly | DOB: 8/28/1958 | MRN: 00443420 | PCP: Michael Gabriel, DO

Current Health Issues

Health Issue	Date Noted
[REDACTED]	03/14/2016
[REDACTED]	03/14/2016
Thyroid cancer	04/26/2016
Chronic fatigue	11/17/2016
[REDACTED]	01/10/2017
[REDACTED]	01/29/2018
[REDACTED]	01/29/2018

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Patient Information

KELLY, CINDY

DOB

Gender:

Patient ID:

Health ID:

Specimen Information

Specimen: NE207677B

Collected: 07/11/2018 / 09:16 EDT

Received: 07/12/2018 / 08:22 EDT

Reported: 07/14/2018 / 14:28 EDT

(* A Copy Sent To)

Client Information

Client #: 97515351

BLANKENSHIP, WILL O

Test Name

In Range

Out Of Range

Reference Range

Lab

0.2-1.2 mg/dL

ANTIBODIES
EBV EARLY ANTIGEN D
AB (IGG)

Reactivation <1

34.40 H

<9 IU/mL

<9.00 U/mL

AMD

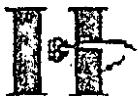
The potential exists for cross-reactivity with HIV
(Human Immunodeficiency Virus) which could cause a

Cindy Kelly

2009 04 01 406 S

05:00:00 1/1/2009

Salivary cortisol is within normal range throughout the day but drops to a low level at night, indicating low adrenal reserve and adrenal fatigue. This usually is caused by stressors, a cortisol precursor deficiency (pregnenolone and progesterone), and/or nutritional deficiencies (low vitamins C and B5, low protein diet). The most common stressors that can cause adrenal exhaustion include: psychological stress (emotional), sleep deprivation, physical insults (surgery, injury, diseases), chemical exposure (environmental pollutants, excessive medications), and pathogenic infections (bacterial, viral, fungal). Depletion of cortisol by a chronic stressor often leads to symptoms such as fatigue, allergies (immune dysfunction), chemical sensitivity, cold body temp, and sugar craving. Adequate sleep, gentle exercise, naps, meditation, proper diet (adequate protein), natural progesterone, adrenal extracts, herbs, and nutritional supplements (particularly vitamins C and B5) are some of the natural ways to help support adrenal function (consult with a health care provider for proper types and dosing). For additional information about strategies for supporting adrenal health and reducing stress(ors), the following books are worth reading: "Adrenal Fatigue", by James L. Wilson, N.D., D.C., Ph.D.; "The Cortisol Connection", by Shawn Taibott, Ph.D.; "The End of Stress As We Know It" by Bruce McEwen; "Awakening Athena" by Kenna Stephenson, MD.



Health Network Laboratories

794 Roble Road, Allentown, PA 18109-9110
(877) 402-4221

Peter E. Fisher, M.D. Laboratory Director
Daniel F. Brown, M.D. Medical Director
John C. Baylis, M.D. Laboratory Director (NJ)
www.healthnetworklabs.com

PATHOLOGY REPORT

Patient: **KELLY, CINDY J**

Provider:

DOB/Sex: **F**
Address: **7252 CAMP MEETING RD
NEW TRIPOLI, PA 18066**

**HEIWON CHUNG
SUITE 205
1240 S CEDAR CREST BLVD.
ALLENTOWN, PA 18103**

Phone: **(610)298-2766**
Acc/ MRN:
Location: **LVP_LVPG Office**
Collect Date: **2/23/2016** Receive Date: **2/23/2016**
Copy to: **No Copy to physicians specified**

N16-757

CYTOLOGIC DIAGNOSIS:

A Thyroid Fine Needle Aspiration with Cytotech Assistance, Right Nodule

Adequacy: Adequate for evaluation.

General Category: Malignant

Descriptive Interpretation: Findings are consistent with **Papillary Carcinoma**. Atypical follicular cells seen with nuclear grooves and nuclear pseudo-inclusions.

*****Electronically Signed Out By Victoria Loven, M.D.***
at Health Network Laboratories, 1200 S Cedar Crest Blvd, Allentown, PA 18105**

Linda Cushner, CT (ASCP)
Finalized: 2/26/2016
Billing Fee Codes:
A: FNAC:88172T, FNA:88173

On Site Evaluation:

A. Thyroid Fine Needle Aspiration with Cytotech Assistance, Right Nodule:

Evaluation #1 Pass #1-5 Adequate for evaluation./c

Note: Evaluation at the time of procedure is for determination of specimen adequacy only.

Gross Description:

A. Thyroid Fine Needle Aspiration with Cytotech Assistance, Right Nodule:

Received 30 ml of clear, pale pink fluid (Collected in CytoLyt solution, liquid based slide preparation), 5 alcohol fixed smears and 5 Diff Quick stained smears.

Cell Block for histologic processing not performed.

Clinical History & Preoperative Diagnosis:

D44.0

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A0 Epstein-Barr Virus

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<https://ebvhelp.com/what-is-ebv/>

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What is Epstein-Barr Virus?

Epstein-Barr Virus (EBV) is a human herpes virus 4 (HHV-4), one of the eight known herpes viruses. It is ancient and may have existed for 90-100 million years.⁴ It is one of the most common human viruses on our planet, with 95% or more of the global population carrying the antibodies to it.⁷ Most carriers do not have symptoms or reinfections. But some do, often with devastating, life-altering, and even life-threatening health consequences.

How Dangerous is EBV?

When EBV-infected B-cells proceed unimpeded, they acquire oncogenic mutations and become neoplastic, setting the stage for cancer development. That is why EBV is considered an oncogenic (can cause tumors) virus. As such, it has been well established as a cause of many types of cancer (e.g., stomach cancer); now researchers are also looking into connections to breast and colorectal cancer. EBV is the only virus that citrullinates amino acid arginine, which triggers autoimmune processes. It is very well documented that EBV can trigger Multiple Sclerosis, Lupus, Hashimoto's Thyroiditis, Chronic Fatigue Syndrome, Sjogren's, Crohn's, and Ulcerative Colitis, among a long laundry list of other conditions. Citrullinated antibodies called viral citrullinated peptides (VCP2) are already part of early warning or diagnosis for Rheumatoid Arthritis.⁹ Chronic EBV can also cause various inflammatory conditions, including those of the brain such as Encephalitis, Meningitis, Cerebellitis, Cerebellar Ataxia, and more. The list is alarmingly long. In short, EBV is a very dangerous virus.

<https://ebvhelp.com/ebv-related-conditions/>

Autoimmune Disorders

Multiple Sclerosis (Harley et al., 2018); (Nociti et al., 2010); (Jons et al., 2015); (Wandinger et al., 2000)

Systemic Lupus (Lossius et al., 2012); (Dittfeld et al., 2016); (Poole et al., 2006)

Sjogren's (Inoue et al., 2012); (Fox et al., 1992)

Rheumatoid Arthritis (Harley et al., 2018); (Fox et al., 1992); (Toussirot & Roudier, 2007); ("Citrullination: taking the charge out of Arg," 2014); (Pratesi et al., 2011)

Chronic Fatigue Syndrome (Eligio et al., 2010); (Klimas et al., 1990); (VanElzakker, 2013); ("Chronic fatigue syndrome: going viral?", 2010)

Hashimoto's Thyroiditis (Janegova et al., 2015); (Eligio et al., 2010)

Atherosclerosis/Acute Coronary Events (Binkley et al., 2013)

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) (Lunemann et al., 2010)

Autoimmune Hepatitis (Dittfeld et al., 2016); (Kang et al., 2009)

Response to Metropolitan Edison Company - October 18, 2018

Type 1 Diabetes (Harvey et al., 2018); (Chikazawa et al., 1985); (Coppieters et al., 2012)
Scleroderma (Bilgin et al., 2015); (Farina et al., 2017)
Celiac (Harley, 2018); (Perfetti et al., 2016)
Inflammatory Bowel Disease, both Ulcerative Colitis and Crohn's Disease (Harley et al., 2018); (Berger & Gilad, 2014); (Yanai et al., 1999); (Gehlert et al., 2004); (Lopes et al., 2017); (Nissen et al., 2015)
Dermatomyositis (Chen et al., 2010)
Glomerulonephritis (Bakken, 1980); (Subat-Dezulovic et al., 2010)
Guillain-Barre Syndrome (Bitan et al., 2004); (Kim et al., 2016)
Guttate Psoriasis (Loh et al., 2012)
Immune Thrombocytopenic Purpura (Hsiao, 2000); (Steeper et al., 1989)
Juvenile Idiopathic Arthritis (Harley, 2018); (Aslan, 2011)
Polymyositis (Tsunemine et al., 2013)
Psoriasis: Generalized Pustular Psoriasis (Jiyad et al., 2015)
Mixed Connective Tissue Disease (Ngou et al., 1990); (Ngou et al., 1992)
Idiopathic Thrombocytopenic Purpura (ITP) (Hsiao, 2000); (Steeper et al., 1989)

Cancer

Hodgkin Lymphoma (Balfour et al., 2015)
Burkitt's Lymphoma (Sugden, 2014)
Nasopharyngeal Carcinoma (Sugden, 2014)
Almost 10% of all Stomach Cancers (Iizasa, Nanbo, Nishikawa, Jinushi, & Yoshiyama, 2012)
Angioimmunoblastic T-cell Lymphoma (Zhou et al., 2007)
Leiomyosarcoma (Jha et al., 2016)
Papillary Thyroid Carcinoma (Homayouni et al., 2017)
Malignant Lymphoma of the Thyroid (Matsubayashi et al., 1989)
Gastric Lymphoepithelioid Carcinoma (Coghill & Hildesheim, 2014)
B cell, NK/T cell Tumors, or Lymphoma (Coghill & Hildesheim, 2014)
Non-Hodgkin's Lymphoma (Heslop, 2005)
Cutaneous Lymphoma (Novelli et al., 2009)
Posttransplant Lymphoproliferative Disorder (C. L. Davis et al., 1995)
Colorectal Cancer (Fiorina et al., 2014)
Breast Cancer (Pai et al., 2017); (Hu et al., 2016)

Brain Inflammatory

Parkinson's Disease (Woulfe et al., 2014) - hypothesis
Encephalitis (Eligio et al., 2010)
Meningitis (Eligio et al., 2010)
Acute Disseminated Encephalomyelitis (Eligio et al., 2010)
Cerebellitis (Eligio et al., 2010)
Myelitis (Eligio et al., 2010)
Cerebellar Ataxia (Wadhwa & Ghose, 1983)

Gastrointestinal

Response to Metropolitan Edison Company - October 18, 2018

Inflammatory Bowel Disease, both Ulcerative Colitis and Crohn's Disease – see above in autoimmune section

Dyspepsia, duodenal ulcer, or GERD, especially with co-infections like H. pylori (Buzas & Konderak, 2016)

Celiac – see above under autoimmune

Examples of Misdiagnoses/Mimicking Other Conditions

Lyme Disease- False Positive IgM for Early Borreliosis (Goossens et al., 1999)

Crohn's Disease (Na et al., 2013)

Ulcerative Colitis (Karlitz et al., 2011)

Polymyositis (Uchiyama et al., 2005)

Other (Not All-Inclusive)

Acute Hepatitis (Thorley-Lawson et al., 2013)

Hypersensitivity to Mosquito Bites (Ishihara et al., 2000)

Genital Ulcers (Jerdan et al., 2013)

Oral and Mucocutaneous Ulcers (Attard et al., 2012)

Ocular: oculoglandular syndrome, conjunctivitis, dry eye, keratitis, uveitis, choroiditis, reinitis, papillitis, ophthalmoplegia (Matoba, 1990)

Polymyositis (Tsunemine et al., 2013)

Polymyositis and Dermatomyositis (D. Y. Chen et al., 2010)

Response to Metropolitan Edison Company - October 18, 2018

A1 Link between EBV and EMF exposure

<https://www.ncbi.nlm.nih.gov/pubmed/9276003>

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Format: Abstract - Send to -

J Environ Pathol Toxicol Oncol, 1997;18(2-3):205-7.

Exposure to a 50 Hz electromagnetic field induces activation of the Epstein-Barr virus genome in latently infected human lymphoid cells.

Grimaldi S¹, Pasquali E, Barbatano L, Lisi A, Santoro N, Serafino A, Pozzi D.

Author information

¹ Institute of Experimental Medicine C.N.R., Rome, Italy.

Abstract

The EBV genome in latently infected lymphoid cells offers an opportunity to follow effects on the transcriptional and translational product clearly distinguishable from those of the host cell genome. Exposure of Akata cells, a human lymphoid cell line latently infected by the EBV genome, to a 50 Hz EMF resulted in an increased number of cells expressing the virus early antigens. This finding provides additional evidence that DNA can be modulated by a magnetic field.

PMID: 9276003
[Indexed for MEDLINE]

17 133

Response to Metropolitan Edison Company - October 18, 2018

A2 Epstein-Barr Virus Reactivated by Electromagnetic Field

<https://ebvhelp.com/epstein-barr-virus-reactivated-by-electromagnetic-field/>

Epstein-Barr Virus Reactivated by Electromagnetic Field

September 6th, 2017|EMF|Comments Off on Epstein-Barr Virus Reactivated by Electromagnetic Field

Epstein Barr Virus can be reactivated by Electromagnetic Field!!!

Here is an old study from 1997: "Exposure to a 50 Hz electromagnetic field induces activation of the Epstein-Barr virus genome in latently infected human lymphoid cells". That exposure resulted in "an increased number of cells expressing the virus early antigens. This finding provides additional evidence that DNA can be modulated by a magnetic field".

What does 50 Hz mean & what can you do about it? Read on!

Anyone, but especially if you have Chronic Activated Epstein-Barr Virus (CAEBV) or even more so SCAEBV (Severe...), should take a look at their total daily EMF exposure and minimize it!

Types of EMF

There are three main types of exposure to Electromagnetic Field (EMF):

Extremely Low Frequency magnetic field (ELF) comes from electricity/wired connections - up to 300 Hz. Examples: electricity power supply and all appliances using electricity like electric train (20 Hz) or plugged in desktop computer (60-100 Hz). So this is what the study above refers to.

Intermediate Frequency (IF); 300Hz- 10 Mhz. Examples: computer screens, anti-theft devices and security systems. This is much higher from the study.

Radiofrequency radiation (RF) wireless connections 10 MHz- 300 GHz. Examples: radio, television, radar, radio transmitters, and cellular telephone antennas, microwave ovens, and smart meters. This is way higher from the study.

Question is: what is your most exposure from, do you think? Can that trigger EBV reactivation? Logically- yes!

Studies on EMF

Bottom line is that your daily EMF exposure will be higher than the EBV study. Not only that, but other studies suggest that EMFs are both neurotoxic and carcinogenic. A few studies have linked RF to risk of childhood leukemia, even at low doses of exposure. In studies, electrical workers have been at a significantly increased risk of brain tumor and acoustic neuromas, similar to second-hand smoke in the risk of lung cancer.

Lymphoma, breast cancer, miscarriage, birth defects, suicide and even Alzheimer's disease have been associated with EMF. It is established in research that EMF

Response to Metropolitan Edison Company - October 18, 2018

suppresses pineal gland, causing decrease of melatonin, another cancer-protective antioxidant and sleep regulator.

Human nervous system can be disrupted with particular radiation frequency of 2 to 50 kHz (consistent with smart meters). Here is a great video demo on that issue. More about smart meters later...

Relevance of these studies for EBV

Anything that is neurotoxic is not helpful for a person with CAEBV because Central Nervous System is one of the preferred locations of EBV to live in. In other words, our CNS is getting hit by EMF and EBV.

Anything that can lead to cancer, in my clinical opinion, has a potential EBV involvement. It is well established that EBV causes some types of cancer, e.g. stomach cancer. But I am seeing preliminary studies, especially in the last year or two, looking into EBV involvement (so far association) in more common cancers like breast or colon cancers. Expect more studies to investigate cancer and EBV further it in the near future.

A Person with CAEBV and "Radio-Wave Sickness"?

There is a population that is exceptionally sensitive to EMF. You are one of them if, for example, you cannot stay long in a place like Costco because the fluorescent light, crowds, noise and general energy exhausts you. This is real, and these people need to take any measures they can to decrease their exposure to EMF in daily life.

This has been called electrical hypersensitivity or overexposure to RF radiation also known as "radio-wave sickness", and it has been growing at an alarming rate. According to Dr. Jonathan Wright, MD, up to 50% of population may be hyper sensitive. What if not only do you have CAEBV but you also are hypersensitive to EMF? Be mindful and notice how you are affected when you are exposed to radiation.

Here is a surprising fact: According to WHO: "Plugging a wire into an outlet creates electric fields in the air surrounding the appliance. The higher the voltage the stronger the field produced. Since the voltage can exist even when no current is flowing, the appliance does not have to be turned on for an electric field to exist in the room surrounding it." What it means is that with EBV, you have to be aware even of the electric outlets. Do you sleep next to one and do you have an extension cord there as well? If you are very sensitive, does that also bother you?

For those with CAEBV and hyper-sensitivity to EMF, it will help substantially to track your exposure and minimize it. Below are some practical examples to get you started.

Response to Metropolitan Edison Company - October 18, 2018

A3 Epstein-Barr Virus and it's Connection to Cancer, Autoimmune, and other Chronic Diseases (and EMF)

<https://elynjacobs.com/tag/emfs-and-epstein-barr-virus/>

EBV AND AUTOIMMUNE DISORDERS, EMFS AND EPSTEIN BARR VIRUS, EPSTEIN BARR AND BREAST CANCER; EPSTEIN BARR AND CANCER; THINGS THAT TRIGGER EBV, LICORICE ROOT AND EBV, NATURAL SOLUTIONS FOR EBV INFECTION, OLIVE LEAF AND EBV

Epstein-Barr Virus and it's Connection to Cancer, Autoimmune, and other Chronic Diseases

In Alternative Cancer Therapies, Anticancer foods, foods for colon cancer, foods for breast cancer, autoimmune, Breast Cancer, Cancer, Cell Phones, EMFs and Health Risks, Epstein-Barr Virus. Uncategorized on June 18, 2018 at 4:47 am

Recently published in the *Journal of Cancer Biology and Treatment* was my article *Etiology of Chronic Disease: A Discussion on Epstein-Barr Virus*. Over the past two years I have made Epstein-Barr (EBV) my pet-project, so to speak, as it is becoming all too clear of the role of viruses such EBV in the development and progression of cancer, autoimmune, and many other disorders.

Epstein-Barr Virus is a common herpetic virus and is one of the most common and prolific viral infections in humans. It can first present as chicken pox, mono, cold sores, or with no noticeable symptoms and can stay in the body forever. Over 95% of adults carry this virus, and most children are infected as well. Chronic disease is the clinical manifestation of primary infection with Epstein-Barr virus. Infection from EBV is often asymptomatic. Once the virus inserts itself into immune B cells, it reprograms them, effectively evading programmed cell death and escaping recognition and destruction by cytotoxic T cells. EBV can manifest in a range of pathologies including various cancers, Infectious Mononucleosis (IM), autoimmune disorders, chronic fatigue syndrome, thyroid disease, Meiners disease, type 1 diabetes, Lyme disease, and numerous other conditions.

Deactivation of the virus is critical. New antiviral therapies and an effective EBV vaccine might protect against the wide range of pathologies generated from infection and reactivation, but could come with significant side effects. Dendritic cell therapy and ozone therapy may also be effective and have been used in many clinics. More research needs to be done in these areas, especially to make them available to the general population. However, natural strategies aimed at deactivating the virus and preventing re-activation must be emphasized and public awareness increased, particularly among those diagnosed with a chronic disease. Holistic solutions currently available are high dose vitamin C and D therapies as well as antiviral agents such as olive leaf extract, quercetin, licorice root, coconut, astragalus, bee propolis, lysine, zinc, and many other substances. Herbs are powerful medicine and should not be taken without care and guidance. Importantly, EBV and other viruses

Response to Metropolitan Edison Company - October 18, 2018

are often triggered by emotional stress, so reducing day to day stress as well as resolving past traumas may be helpful.

EBV is not the only virus associated with cancer and other diseases. However, following an antiviral strategy is likely to be effective for many other viral conditions.

Note: EMF exposure from cell phones, laptops, hair dryers, baby monitors, and other devices is believed to trigger reactivation of EBV, perhaps because EMFs disrupt the way our cells function and clog detoxification pathways in the body. Please read my articles for suggestions on reducing risk.

The referenced journal article was published in the *Journal of Cancer Biology and Treatment*. **Citation:** Jacobs E (2018) Etiology of Chronic Disease: A Discussion on Epstein-Barr Virus. *J Cancer Biol Treat* 5: 014.

In your good health,

Elyn

Response to Metropolitan Edison Company - October 18, 2018

A4 EATING & LIFESTYLE FOR EPSTEIN-BARR RECOVERY

EATING & LIFESTYLE FOR EPSTEIN-BARR RECOVERY

This is article 5 in a 5-part series on recovering from reactivated Epstein-Barr. To read previous articles, click here:

Part 1: How To Test Yourself For Reactivated Epstein-Barr

Part 2: Herbs & Supplements For Reactivated Epstein-Barr

Part 3: Eradicate Parasites That Trigger Epstein-Barr

Part 4: Reactivated Epstein-Barr? Supporting Your Thyroid And Adrenals Is a Must
Inflammation causes stress. Stress wreaks havoc on the adrenals. When the adrenals are in bad shape, the immune system takes a hit, and EBV is more prone to becoming out of control.

One of the quickest ways to quell inflammation is through diet. My favorite anti-inflammatory diet is what I like to call a "high-vegetable" gluten-free & dairy-free diet. I recommend at least four cups of vegetables per day, as their high antioxidant content is important for normalizing detox processes in the body. If tolerated raw, the beneficial soil-based microorganisms found on them will help to repopulate the microbiome of the digestive tract as well. I also recommend staying away from eggs, as EBV increases the likelihood of egg allergies.[i]

One way to get an abundance of vegetables with their beneficial soil-based microorganisms is to make what I call a "diverse vegetable smoothie" every single day.

You will want to get a diversity of organic vegetables and put them in a blender with water. Ideally you would have two cups of this "smoothie" per day. You can add an apple if you need to to make it taste better, but in general you want diversified vegetable fibers. This helps get diversified microbes into the body. Just make sure everything is 100% organic. Carrots, celery, cucumbers, different lettuces, brussel sprouts, cabbage, beets, sweet potatoes, turnips, radishes, tomatoes..... etc.! Work up to two cups of this "smoothie" per day and make it fresh everyday. Eventually it would be great to have 4 cups per day. You can just do three or four of these vegetables per smoothie per day.

Inflammation causes stress. Stress wreaks havoc on the adrenals. When the adrenals are in bad shape, the immune system takes a hit, and EBV is more prone to becoming out of control. #epsteinbarr

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The diverse vegetable smoothie may cause some gas and bloating at first. That is perfectly fine, as it's just creating more diversified "good" bacteria in your gut. Start with ½ cup per day and work up to 2 cups.

Go organic. Especially for meats and animal products.

Organic food has been proven to be much more nutrient and antioxidant dense[ii] than non-organic food. This is incredibly important to heal the cellular processes of the body, not to mention the relief your detox pathways will feel when they don't have to detox and process pesticides and herbicides.

Response to Metropolitan Edison Company - October 18, 2018

Organic, grass-fed, and free-range meats and animal products have a completely different nutrient and omega profile than conventionally raised animal products, and generally tend to be anti-inflammatory (as opposed to conventionally raised animal products which tend to be pro-inflammatory).

Greatly limit refined sugar intake to 12 grams or less per day, coffee to one cup or less per day, and alcohol to three drinks or less per week.

Refined sugar, coffee, and alcohol all wreak havoc on the adrenals if taken in large quantities. Remember to ONLY consume small amounts of coffee, alcohol, and refined sugar on a full stomach so it enters your bloodstream slower and doesn't cause intense blood sugar fluctuations.

Not everyone can tolerate even small amounts of sugar, coffee, and alcohol. You know your body best. If it tells you that any of these make you feel worse, stop them immediately. You can try adding them back in once the EBV has subsided a bit.

It's also important to reduce electromagnetic frequency exposure when recovering from reactivated EBV as it has been shown to exacerbate EBV activity.[iii]

Wi-Fi activity may also play a role, so I generally suggest turning off your Wi-Fi router before you sleep.

If you notice your symptoms worsen when you are close to multiple electronic devices, this website offers EMF shielding products from common everyday devices:
<https://lessemf.com>

OCT 19 2018

Response to Metropolitan Edison Company - October 18, 2018

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Appendix B Smart Meter Impacts

B1 Weston A Price report on smart meters

<https://www.westonaprice.org/health-topics/environmental-toxins/smart-meters-not-so-smart/>

How Dangerous and Expensive Became "Smart" An Exposé of the "Smart Grid"
Electric "smart" meters were installed in Cindy deBac's Scottsdale, Arizona, neighborhood in 2012. She recalls the day a new meter was mounted on her home as a sort of digital Pearl Harbor attack. "I've never been so sick in my life," she says. "Nausea, a crushing migraine headache, and painful heart palpitations laid me low right away."

Healthy and exuberant before the installation, deBac became unable to sleep normally. She soon became exhausted and tearfully anxious as she struggled with rashes and a chronically racing heart. For respite she spent nights away in her car. One of her dogs died of cancer within six months of the meter's installation and the other developed large tumors. Today Cindy leads a global educational crusade to warn others about the myriad devastating health effects that electromagnetic radiation can unleash.

Across the U.S. installers continue to replace comparatively safe analog (mechanical) utility meters with digital "smart" meters for electrical, gas and water services. Most of the new meters are wireless two-way transmitters that pulse signals to communicate continuously between your home, school, or workplace and utility companies miles away. The new meters are part of a nationwide project dubbed Advanced Metering Infrastructure (AMI). Most folks call this evolving make-over the "smart grid."

The AMI "smart" meter below records electrical consumption data and sends the information wirelessly to energy system managers. "Smart" meters can be programmed to read and transmit data monthly, or up to every fifteen seconds. Data may be relayed by systems similar to mobile phones or Wi-Fi. Or information may be relayed via fiber optics (thin, transparent cables that carry signals by pulsing light). Of these methods, fiber optics may offer the safest transmission.

AMI is nested within the American Recovery and Investment Act of 2009, and the Obama Administration has shoveled an estimated eleven billion dollars into incentive programs for utilities that participate. "Smart" grid advocates insist that the new two-way meters will reduce national energy consumption and allow consumers to make better choices about their energy needs.

Response to Metropolitan Edison Company - October 18, 2018

The Department of Energy (DOE) and the U.S. Department of Agriculture (USDA) are among federal heavyweights behind the thundering AMI rollout. Several universities and corporations stand to profit hugely by providing AMI equipment, software and expertise. These include General Electric, IBM, Hewlett Packard, Siemens, Toshiba, Microsoft, Cisco, Verizon, Google, Itron and Tantalus.

With a financial and political engine of this magnitude, the AMI meter replacement project has moved at lightning speed. According to the Institute for Electric Efficiency (IEE), nearly 40 percent of U.S. households had an electric “smart” meter installed by August 2013. A total of sixty-five million “smart” meters are projected to be installed by 2015, covering more than half of all U.S. households.¹ Among states hit hardest so far have been Oregon, Idaho, California, Nevada, Arizona, Texas, Oklahoma, Maryland, Virginia, Indiana, Ohio, Pennsylvania, Michigan, Vermont, Florida, Georgia and Alabama.

PRELIMINARY REPORTS ON “SMART” METERS

Over the last three years, strong-arm installation tactics, fires caused by meters, skyrocketing utility bills, privacy concerns and disabling health effects have given momentum to a broad coalition of “smart” grid opponents. Many, including some government officials, say that the touted benefits of “smart” systems have not materialized, while the negative ramifications have proven disastrous.

Win2014Smart1 AMI “SMART” METER

The American Academy of Environmental Medicine (AAEM) has proposed a moratorium on “smart” meters as an “issue of the highest importance.” This international association of physicians and public health experts warns that it is unacceptable to implement radiation-emitting technology before serious medical and environmental concerns have been properly addressed.²

AMI is calibrated to expose all Americans to three new and powerful sources of microwave radiation: “smart” meters, “smart” appliances, and a ubiquitous network of antennas on utility poles and cell towers in urban and rural neighborhoods. Neither the federal government nor grid profiteers have undertaken a single public health study about the long-term health effects of exposure to electromagnetic radiation (EMR) from “smart” meters. Yet medical literature is now loaded with peer-reviewed studies about the non-thermal biological effects of exposure to EMR. Peer-reviewed studies report DNA damage, abnormal genetic and hormonal changes, sperm damage, pregnancy complications, weakening of the blood-brain barrier, disturbance of voltage-gated calcium channels (for example, in the heart), degradation of immunity, and certain types of cancers.³

Especially worrisome, says AAEM, is mounting evidence that inescapable electromagnetic fields exposure from smart meters places children at particular risk for altered brain development and for impaired learning and behavior. These concerns are corroborated by the blockbuster BioInitiative Report 2012. Produced

Response to Metropolitan Edison Company - October 18, 2018

by twenty-nine medical and public health experts from ten countries, the BioInitiative Report offers a meta-analysis of over eighteen hundred new scientific studies showing that chronic exposure to both ELF and microwaves poses a serious health hazard. At highest risk are the most vulnerable of our population: children, pregnant mothers, the elderly and the immunocompromised.⁴

Health ramifications aside, AMI technology is good for the corporate bottom line. "Smart" meters eliminate the need for human meter readers. They allow utilities to turn services on and off remotely. The meters identify consumption of a product and automatically send those data to headquarters for monitoring and billing. They allow water utility companies to monitor and control consumer usage closely. Because electricity is delivered most efficiently in an even, steady flow, "smart" grid enthusiasts aim to encourage residential customers to use less electricity during daytime working hours and more during evenings and weekends. Eventually, customers may be charged by time-of-use. "Smart" grid promoters claim that by 2030, the system will reduce nationwide electricity usage by about four percent.⁵

But at what price? The cost of the "smart" meter program is breathtaking. By some estimates, utility consumers will pay at least two hundred twenty-five billion dollars to blanket the nation with AMI meters. A "smart" electric meter can cost hundreds of dollars per household. The attorney general of Massachusetts projected the cost of each meter in that state at almost three thousand dollars.⁶ Some AMI equipment manufacturers suggest that meters may need to be replaced as often as every three years to keep up with technical innovations.⁷ This would force consumers to continually pay for new hardware that they are coerced to accept. Critics say that when time-of-use pricing goes into effect, utility bills could become insurmountable for many customers (unless they learn to direct their peak energy usage to the middle of the night).

A SYSTEM SMACKING OF HACKING

There is a smart grid initiative in almost every industrialized nation. The fact that AMI has been deployed worldwide makes the entire "smart" power grid especially vulnerable to cyber attacks. As AMI progresses, the vulnerability of the Internet is being transferred to entire national grids.

In January 2014, two large utility companies in Massachusetts, known collectively as Northeast Utilities, informed their state Department of Public Utilities that there is no cost justification for implementing a one billion dollar AMI system statewide. They said: "Many customers have a deep aversion to technology that links them to the grid in a way that they perceive as an invasion of their privacy and/or detrimental to their health." Northeast Utilities also complained: "AMI introduces a brand new portal into the companies' information systems, significantly increasing the cyber-security risk."²²

Former CIA director James Woolsey agrees. He said in an interview: "They're constructing what they call a 'Smart Grid.' And they're going to make it easier for

Response to Metropolitan Edison Company - October 18, 2018

you and me to call our homes on our cell phones and turn down our air conditioning. . . Great, but that may well mean that a hacker in Shanghai with his cell phone could do the same thing or worse. And a so-called Smart Grid that is as vulnerable as we've got—it's not smart at all, it's a really, really stupid grid."23

Individual "smart" meters themselves are vulnerable to hacking because the meters can easily be removed and re-programmed, or hacked into wirelessly from laptops. The Associated Press reports: "Computer security researchers say new smart meters that are designed to help deliver electricity more efficiently also have flaws that could let hackers tamper with the power grid in previously impossible ways. At the very least, the vulnerabilities open the door for attackers to jack up a stranger's utility bills. These flaws could also move hackers a key step closer to exploiting one of the most dangerous capabilities of the new technology which is the ability to remotely turn someone else's power on and off."24

That scenario is grim enough. But since smart technology may open the door to malicious hacking and cyber-attacks on a national scale, it becomes a critical issue of national security. Woolsey has disclosed that virtually no agency in the federal government has ultimate responsibility for survivability and protection of the U.S. electrical grid as a whole. He says that if a foreign power ever attacks the grid, through either a physical attack or cyber-terrorism, times will be tough: "... When it goes down, we are not in the 1970s pre-web, we're in the 1870s pre-grid, and we don't have enough plow horses or pump handles."25

In Pennsylvania, PECO/Exelon halted their installation program because of more than twenty-four documented fires. Property damage has been significant and one man died in California because of a smart meter fire. Notably, the vast majority of smart meters are not approved or listed by UL (Underwriters Laboratories). Because of this, a fire related to a smart meter on your home may not be covered by your insurance.

Directory of Fires and Explosions:

<http://emfsafetynetwork.org/smart-meters/smart-meter-fires-and-explosions/>

<https://fox43.com/2017/06/21/smart-meter-controversy/>

Cindy Kelly v. Metropolitan Edison Company

Docket No. C-2018-3004681

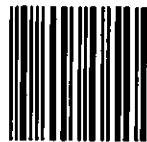
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