

January 14, 2020

Christie Brzostowski
v.
PPL Electric Utilities

C-2019-3309320

RECEIVED

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Exceptions

On 4-1-2019 Nathan Fowler from Grid 1 (hired by PPL) came onto our private property without consent attempting to change our meter to a smart meter without our permission. I was informed this was the law.

I've perseverated about this topic and how to even approach these exceptions given the disadvantage of not possessing a law degree to formally know and understand how to present information to properly defend myself nor possess the financial assets to hire multiple professionals to provide their opinion contingent upon research presenting statistical data I'm unable to defend. The data presented was pertaining to the general population. There was no data from neurologists that specialized in Familial Hemiplegic Migraines that can support this research and the impact it can have on my daily life. There were no longitudinal studies accurately presenting the impact this meter can have on my health. In fact, Familial Hemiplegic Migraines are so rare it is estimated that only 0.01% of the population is impacted by this genetic condition. This rarity provides a more difficult challenge with finding a neurologist that specializes in this condition locally. It also makes it more troublesome to believe that the statistical data presented during the hearing from PPL was representative of people suffering with FHM. The one thing I do have is an understanding of my individual body. It took many years to reach this equilibrium where everything in my environment, everything I eat/drink, everything I watch/hear/smell, physical activity, etc can have a profound impact on me. Knowing this helps control symptoms to a minimum.

Over the course of many years, several neurologists/specialists have been wrong in my case. So forgive me if I believe the statistical data provided from PPL is for the benefit to get a job completed, nothing else, most especially to get everyone connected with a smart meter prior to the merger with Avangrid. What PPL presented is mandating a smart meter and charging me as a consumer for something I'm rejecting for health concerns OR me the consumer pay to have the box moved on the property elsewhere OR have my power disconnected. This doesn't sound like reasonable options. I'm being stripped of my individual autonomy and unable to make healthy choices for myself. If I was allergic to peanuts I would choose not to eat them. If I had a reaction to a vaccine, I would get a medical exemption. If I was allergic to bees I would carry an epi-pen. However, with the meter there is no exemption offered in Pennsylvania. I can also lean another direction and safely project that statistics are just numbers, science has been

disproven before or that scientists just didn't possess the longitudinal data to implement safety concerns for their products while continuing to progressively endorse them as safe. I'm sure when baby powder was created in the late 19th century they didn't believe it would cause ovarian cancer, or heartburn pills causing cancer, pain medication causing addiction, or pesticides causing cancer. I believe it was 41 states that have considered opt outs for the meters with Pennsylvania being the only state that hasn't passed a smart meter opt out bill. Correct me if I'm wrong but I believe the Attorney General in Illinois stated "the utilities want to experiment with expensive and UNPROVEN smart meter technology yet all the risk for this experiment will lie with the consumers." In New Hampshire and Connecticut smart meters were halted due to providing no financial benefit to consumers. In Saskatchewan and Philadelphia smart meters have been linked to fires. This is why I do feel it is necessary to advocate for myself in terms of our health.

The hearing was primarily focused on cell phone usage. Let it be known that I rarely listen to the radio because it triggers symptoms- I drive in silence. I have extreme tinnitus that even if my husband taps his fingers on something, it triggers symptoms, most especially a rapid beating inside my ears that takes hours to go away. We never had the dish, alexa, no garage door opener, and our security system is hard wired. My husband does have an ipad for work. I also have a sleeve on my phone to decrease radiation exposure.

It was mentioned that I didn't provided medical records. The truth is I have no in-depth medical records. The primary care physician I saw was Dr. Raymond Kraynak. His office is now closed due to an indictment from the Attorney Generals Office. Dr. Kraynak completed all of the referrals to Geisinger and also Hershey after Geisinger's refusal to test further. His care as a physician and ability to listen is ultimately what assisted me into gaining a proper diagnosis from Hershey. Geisinger refused to release my medical records (all but a few random pages) to Hershey hospital (you can verify this with Dr. Wicklund, the specialist at Hershey. He has since retired and currently lives in Colorado. Dr. Wicklund also found a tumor in my neck left by Geisinger. Hershey removed the mass.). In fact, I wrote Dr. David Feinberg the CEO of Geisinger a letter regarding the lack of testing and inability of the neurology department to conduct further tests to determine the etiology of the symptoms I presented with. At the time I was running 10 miles a day, consuming organic/non-gmo foods, and playing tennis/sports almost daily. My symptoms first began with a drooping left eye and fatigue. One day on a run, I lost my vision and hearing falling to the ground 5 miles into the Weiser State Forest Watershed. I was alone and scared. The fatigue and symptoms of aura came more frequently and severe. The neurology department at Geisinger determined I had an elevated acetylcholine placing me on Mestinon since they felt I presented with Myasthenia Gravis. At one point the symptoms were so terrible I was hospitalized where a series of two plasmapheresis treatments were completed on me. I do not like needles and have a low pain tolerance. I don't have my ears pierced nor any tattoos so to be put through unnecessary treatments was tortious. I'm attaching a printed dated note I made with my cell phone in 2011 when symptoms began appearing. Some of the

symptoms I present with now are tasting metal, smelling smoke/fire, extreme insomnia, racing heart or feeling like I'm having a stroke, loss of motor functions, fatigue/weakness, Charlie horses in both legs, drooping left eye, lightheaded, neck pain, losing my voice, hoarseness, pulsating eyes, extreme headaches with pounding on left side and base of neck, short-term memory difficulties, brain fog, sweating yet freezing, to name a few. An example of an episode, several years ago I was traveling on my way home from graduate school near Philadelphia and had to call 911 for an ambulance. I thought I was having a stroke. I lost all feeling in my legs and my left arm and had extreme chest pain. The police stayed on the phone with me until the ambulance arrived. The physician at the ER said I had a panic attack. I DID NOT- I KNEW MY BODY. Even after mentioning I had FHM asking if this could be related, he patronized me and wrote me a prescription for Xanax. At later date I saw Dr. Wicklund at Hershey. He determined that my electrolytes were low and contributed to the incident. My experience all these years is even after instructing doctors I have FHM, they dismiss it because they have no experience with it and tell me their professional opinion, which is always wrong. Please if you want to hear other experiences like mine there are groups you can gain useful insight when considering this decision...Worldwide Hemiplegic Migraine Support Group, International Hemiplegic Migraine Foundation, Hemiplegic Migraine Society, Hemiplegic Migraine Support Group, and Women's Hemiplegic Migraine Support Group.

In relation to FHM, there are some studies suggesting correlations between FHM and dementia. This is alarming since my maternal great-grandmother died from Alzheimers (also treated for migraines) and my maternal grandfather is currently in the end stage of dementia (also suffered from migraines-Geisinger refuses to test him for the genetic trait for FHM). I'm my grandfather's caretaker for the last 2.5 years since my grandmother can't do it alone. My mother also suffers from migraines and currently has lung cancer while receiving treatment at Geisinger. Dr. Wicklund also believed our son has FHM. He's was already treated for headaches but again Geisinger refuses to test him for the genetic condition. A few weeks after the incident I mentioned above, our son came into our bedroom early in the morning hours stating he thought he was having a stroke and was scared. He asked if I could take him to the ER. I did. The physician believed that our son also had a panic attack. Our son pulled me aside and said he DIDN'T have a panic attack and the doctor was wrong.

Please keep in mind when considering these exceptions, if it's this difficult for me as one individual to get and exemption for the meter, how much more difficult is it going to be if I present with problems after if I'm FORCED to have it installed to actually have it removed. Of course, they will want medical records. I currently don't have a primary care physician (I had Dr. Matthew Kraynak as a PCP for the last year since his brothers office closed but only to provide the medication for the FHM- he is now merging with Geisinger) and Dr. Wicklund retired several years ago. Hershey advised me of the nearest hospital for FHM is John Hopkins. I also have no medical insurance. My yearly check-up and medication for FHM are paid out of pocket. Please let me hold the keys to my own health.

Kind regards,
Christie Brzostowski
Christie Brzostowski

 Search

September 20, 2011, 1:51 PM

Left Eye rejects contact

Have to tell self to breathe

Short term memory

Excessive sweating

Headache left eye occipital lobe

Appendage weakness and numbness

Body temp rising

Lose hearing/ vision/ motor functioning

Charlie horse both calves

Fall

Feel hot when it's cold

No energy- fatigue

Chiropractic



Migraine With Aura Symptoms & Classification Table



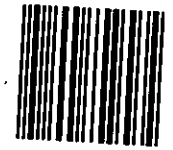
Symptom	Aura Type	Potential Migraine Diagnosis
Dots	Visual	Migraine with typical aura
Colored spots	Visual	Migraine with typical aura
Sparkles	Visual	Migraine with typical aura
Stars	Visual	Migraine with typical aura
Flashing lights	Visual	Migraine with typical aura
Tunnel vision	Visual	Migraine with typical aura
Distortions in the size & shape of objects	Visual	Migraine with typical aura
Vibrating visual field	Visual	Migraine with typical aura
Heightened sensitivity to light	Visual	Migraine with typical aura
Shimmering pulsating patches or curves	Visual	Migraine with typical aura
Zig zag lines	Visual	Migraine with typical aura
Blind spots	Visual	Migraine with typical aura
Temporary blindness	Visual	Migraine with typical aura
Slurred speech	Language/speech	Migraine with brainstem aura
Difficulty articulating sentences	Language/speech	Migraine with brainstem aura
Vertigo	Brainstem	Migraine with brainstem aura
Decreased control over bodily movements	Brainstem	Migraine with brainstem aura
Feeling seperated or floating above your body	Sensory	Migraine with brainstem aura
'Alice In Wonderland' syndrome	Sensory	Migraine with brainstem aura
Tinnitus or ringing in the ears	Sensory	Migraine with brainstem aura
Hearing disruption or impairment	Sensory	Migraine with brainstem aura
Double vision	Sensory	Migraine with brainstem aura
Pins and needles / numbness	Sensory	Migraine with brainstem aura
Strange smells or tastes	Sensory	Migraine with brainstem aura
Motor weakness	Motor weakness	Hemiplegic migraine
Paralysis to one side/area	Motor weakness	Hemiplegic migraine
Motor weakness	Motor weakness	Hemiplegic migraine
Visual aura in one eye	Retinal	Retinal Migraine
No headpain following aura	Retinal	Retinal Migraine

- Notes:**
1. Migraine with typical classification can not include any brainstem, retinal or hemiplegic aura symptoms.
 2. Migraine with brainstem aura cannot include hemiplegic or retinal symptoms
 3. Hemiplegic migraine must include motor weakness to be given this classification.
 4. Retinal migraine are visual auras in one eye which may or may not be followed by head pain.

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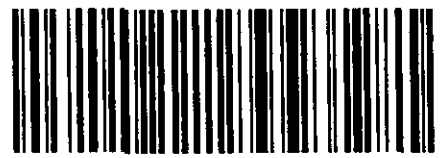
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