

1 SHEEHAN: Did you get your swearing in right in the last second
2 there?

3 UNKNOWN: We're in the overflow room.

4 SHEEHAN: Oh are you really? There are plenty of seats up here
5 in the front rows and stuff here so please come on in. Steve?

6 GRABOWSKI: Hi. My name is Steve Grabowski. I live at 2141
7 Bonvue in Golden and that's in the Beverly Heights area. I have been there for
8 10 years.

9 SHEEHAN: Okay. Spell that last name,

10 GRABOWSKI: G-R-A-B-O-W-S-K-I. I'm a physician. I am M.D., an
11 M.P.H. I've got a masters in public health. I'm board certified in public health
12 and preventive medicine. I currently practice occupational medicine at Boulder
13 Community Hospital and I am representing myself here and not Boulder
14 Community Hospital. I want to be clear about that. I began practicing
15 occupational medicine with the navy in San Diego where I spent five years.
16 Prior to that I spent a year in internship in Children's Hospital and I treated many
17 children with brain tumors and leukemia and I can remember it like it was
18 yesterday and it's a...it never leaves you. I saw many families torn apart. We're
19 talking about a real serious problem here, a real serious potential problem even
20 it it's just potential it's beyond just aesthetics. It's funny how when in the
21 understanding of technology, at first everything looks great and then over time
22 you start defining disadvantages and pretty soon and sometimes too late we find
23 terrible consequences. I was in charge of the asbestos medical surveillance

1 program at a Naval Station in San Diego for two years and while I was there I
2 saw many sailors who were retiring and many who had retired were coming
3 back to this program and saw terrible asbestos disease in these people. And
4 they told me that 30 years before the same story over and over that they were
5 mixing asbestos in buckets with sticks and water and put the lagging on the
6 pipes in the engine room with their hands. And now we close the school down if
7 there are a few fibers found in the air. So things change over time,
8 understanding changes over time. EMR may well be next in a long list of these
9 health related blunders. We have heard many speakers testify that the U.S.
10 lags way behind in developing, the other developed countries in cutting the
11 maximum limits of exposure. So, I thought why is this? And I started doing
12 some research on this myself and I looked at article, after article, after article
13 that talks about the damage to cells, the damage to gene material, suspicious
14 clusters in cancer and I don't need to go over that. Dr. Kelly gave a very good
15 presentation. I think Dr. Frankle gave very good presentations in that regard.
16 So I can't talk here in a few minutes about epidemiology, vital statistics and the
17 difficulty proving cause and effect but I think I want to focus here on the ethics of
18 this. I think I'm old enough to start talking about ethics. I can remember when
19 we x-rayed, how the novelty of x-raying my feet at the shoe store when I was a
20 little kid. And I can't think of doing something like that right now. In the practice
21 of medicine we have to abide by a code of ethics that says do no harm. That
22 means I might not be able to heal someone. By God, I shouldn't hurt them. We
23 have to do no harm. Now if we knew with a significant degree of probability that

1 the exposure to EMR could cause an illness then imposing this on the public
2 would be very unethical and possibly criminal. If there was no information then it
3 would be hard to hold anybody culpable but if there is information that raises
4 concern and there is information that raises concern and serious questions then
5 there is only an ethical responsibility to do no harm. The way it is now...

6 SHEEHAN: Doctor, you need to wrap up there.

7 GRABOWSKI: Okay. With the present towers what we're doing
8 here is we are setting up an experiment without the express consent of the
9 experimental subject. So in closing I would like to say that I believe that health
10 concerns trump all the other ones. I am biased. I am a physician but I've seen
11 a lot suffering in 20 years of practicing medicine. And it is a bigger concern to
12 me that all the aesthetics, even the environmental concerns. And they are real
13 concerns. They're not imagined. They are not proposed. They are not
14 computer modeled. They involve likely suffering and possibly death in real
15 people, your constituents, your neighbors, your friends and even family
16 members. Your decision should be easy now. Someone said it's a Solomon
17 like decision. I don't think it's a Solomon like decision. I think it's an easy
18 decision. I think you can only have one ethical and one moral and one
19 responsible and one right decision. That's to vote this down. Thank you.

20 SHEEHAN: Thank you Doctor. Jill Johnson? Is Jill Johnson
21 here? No? Sara Cassidy? Is Sara Cassidy here? Ron Auger and then Mario
22 Pasquale?

23 UNKNOWN: Pasquale.