I appreciate you saying that but every one of us are SHEEHAN: 1 2 term limited. You should have a hard copy of my presentation that MATTSON: 3 is being handed to you. Maybe we can put it on the view graph here if the 4 electronic copy doesn't work. I have a few comments on this proposal and I'm 5 going to take a particular tact here. I don't think anybody doubts... 6 Did he introduce himself? LAWRENCE: 7 Could you introduce yourself. State your name, your SHEEHAN: 8 last name, spell your last name and provide your address for the record please. 9 My name is Roger Mattson. M-a-t-t-s-o-n. I live at MATTSON: 10 481 Crawford Street in the Tripp Ranch Subdivision of Golden. I don't think 11 anybody questions that you're trying to do the right thing. The difficulty we're 12 having is understanding what's the right thing to do. There's too much he said, 13 she said information on both sides and I think there's a logic for getting through 14 this and I'd like to walk you through that logic. My qualifications for doing it are 15 that for my career of about 40 years, (next slide,) I have been in the radiation 16 standard setting business at the Environmental Protection Agency of the Atomic 17 Energy Commission and the Nuclear Regulatory Commission and then the latter 18 part of my career spent managing companies that have to comply with radiation 19 standards. I believe the main reason that people at the local level are uncertain 20 what to do about these situations is the simple fact that the federal government 21 is not minding the store. These three things I've listed on the slide convince me 22 of that. First our government has no entity that will say there are no health 23

effects from long term low level exposures to non-ionizing radiation. One of the reasons for that is that in the past five years the Environmental Protection Agency has spent a total of \$25,000 in research in this area even though it is the health agency designated to be in charge of protecting people from non-ionizing radiation. And finally no one at the federal level is looking into the effects of long term exposure even though the Federal Communications Commission has called for more research along with EPA, National Institutes of Health, The National Institute of Occupational Safety and Health, the Food and Drug Administration, the National Telecommunication Information Agency and the National Council on Radiological Protection. These are all of the cognitive federal agencies who have called for more research. They did so in 1999 in a letter to the Chairman of the IEEE Committee that writes the standards that the FCC endorses. They listed in their letter, in the attachment to their letter dozens of things that are wrong with the current standard. It's not just that it doesn't address long term effects and low level effects, but lots of other things that are wrong with it. So as you see on this next slide, because the federal government, (no, leave it right where it's at)...because the federal government is not minding the store, the current FCC standards are flawed. There are no standards that address long term low level exposures. There's no organized research and they're out of touch with what's going on in the rest of the world. A number of other countries have lowered their standards for non-ionizing radiation exposure to the public by significant amounts up to a 100 times, a wide variety of countries, Austria, Canada, China, Italy, Russia and Switzerland. The entire

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European union has a proposal under consideration for lowering by a factor of a 100 relative to the United States. (Next slide.) In not addressing low level chronic exposure the FCC is ignoring recent research which indicates long term effects of low level exposures. One of the things that hasn't come out in the medical testimony you heard this evening is how recent this data, how recent these data are. Most of it, 90% of the data on low level, long term effects, that data is in papers published since 1990. They're international in scope, they're up in the many dozens now. You heard one speaker say 60. I have a collection at home that's about 60 also so there's a growing international body of scientific evidence that non-ionizing radiation causes health effects. Locally we've got the Colorado Department of Health that found the results that have been presented to you, the excess of brain tumors local to the towers. That study is not different than the studies of the public near towers in Italy, Hawaii, Great Britain, Australia. They all indicate adverse health effects due to low level, long term exposure to radio frequency radiation. So as your staff said earlier, the scientists in the field are divided on whether there are low level effects, but they are unanimous in wanting to learn more. Nobody has said, we can write this off. All of them, all of the agencies, all of the scientists who work in this field whether they say there is an effect or not say we need to know more. We don't know enough. So while they're studying this, these scientists, what are we to do as public health officials? What are you to do as public health officials? Well you need to understand that there is a risk that those things will turn out bad because there are potential consequences. One of the things I want to talk

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about in terms of consequences is this question that arises as to, well, why do you live there if you feel this way about the non-ionizing radiation. Most of us moved here before 1990 or before the results of the post 1990 research were known. You didn't know. We didn't know. Even at the time of the 1999 hearing the accumulation of this information wasn't good enough to say the things we're saying today, that you've heard the medical people say today about what this research indicates. So we're all getting smarter. The second thing is a number of us made decisions because the zoning up there didn't allow this kind of development and of course they're proposing to change the zoning and we're counting on you not doing that. The Lake Cedar Group wants to make the current situation worse by increasing the power levels and bringing the new tower closer to more people. You know, Mr. Hart presented an analysis today that compared the current radiation levels to the future radiation levels but notice he only used four transmitting stations for the new tower. He didn't use the full complement of eight and it was a close call as I listened to his testimony about whether it was higher or lower. Certainly in the five areas he analyzed it was higher. I don't know what it is in the other areas. So if it's going to get higher and you're going to change the zoning and we don't really know what the consequences are, you're making us the guinea pigs. The research will come in. It'll come in to Jefferson County and it'll come in in the health effects encountered by the people of Jefferson County over the next decade or so. The only evidence available today suggests that those consequences are not pretty.

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Childhood leukemia, brain cancer, infertility, altered immune function and neurological development impairment.

SHEEHAN:

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You have one minute.

It is an important statement to say that we know MATTSON: enough to pinpoint the probable consequences, but we don't know enough to quantify the risk. If we know the probable consequences, we should act to avoid them now. Well, the buck stops here. No federal agency has preempted the setting of public health standards. You are free and in fact you have a responsibility as local governing officials with land use authority to set those standards. The standards that exist are flawed. You know they're flawed. You've been shown why they're flawed. You have a responsibility. If there are health effects and if you approve the rezoning request then you as the people who have granted the authority are accountable for those effects. Not the federal agencies who have said "our standards are not adequate for these long term low level exposures." So I start out asking what's the right thing to do. Full circle, you should deny this rezoning application. You should require Lake Cedar Group to choose an alternative location with lower public health risks. You heard Dr. Johnson's talk about ALARA as low as reasonably achievable. That's what it means. It's been done in all kinds of technologies in America. No reason it can't be done here. You should adopt a precautionary policy denying the application now before all the scientific proof is in hand. You're just being prudent public health officials. Two last things. Require any future applicants to address the health effects of their proposed actions. Don't let these people hide

behind a flawed federal st	andard. They've done it in each application that	
they've made. They cont	inue to do it today. Most regulatory agencies and you	
are one. A public health i	regulatory agency require the applicant to address the	
concerns. They haven't c	lone so. And then finally now that we know that there	
is a potential for these hea	alth effects, we can't quantify the risks but we know	
there's a potential. We kn	now about the existing towers. They have essentially	
the same exposure levels according to testimony you heard today. We should		
not sit here with the existing towers and do nothing. It's a current liability. We		
should be monitoring them. We should be dealing with interference remediation		
and we should be comparing them to the growing body of evidence that there is		
a problem. Thank you for your time.		
SHEEHAN:	Dr. Mattson, with your expertise and background and	
all that you've just said, why do you risk being up there to your health?		
MATTSON:	I'm not sure that I would continue to do so if you	
approve this action. You've heard other people say		
SHEEHAN:	Whether we approve or disapprove this action, there	
will still be that radiation up there.		
MATTSON:	Yes. That's a problem and I'm looking to you to do	
the right thing so I don't have the authority to		
SHEEHAN:	So if we deny it, you'll stay living up there?	
MATTSON:	Pardon me.	
SHEEHAN:	If we deny it, you'll stay living up there?	
MATTSON:	I'm not sure.	

1	HOLLOWAY:	Roger, is Brian your son?	
2	MATTSON:	He is.	
3	HOLLOWAY:	Well, I have to tell you. You have an out of this world	
4	great son and since you're	here because I have never met you and I don't get to	
5	tell you, but he is extremely respected on the national level with the National		
6	Association of Counties, so thank you for him.		
7	MATTSON:	Thank you.	
8	SHEEHAN:	For our audience, Brian Mattson works in our	
9	Department of Human Services and we highly respect him. He's a great		
10	employee.		
11	MATTSON:	I should say I'm not speaking on his behalf.	
12	HOLLOWAY:	Yes, but he works on our juvenilewith juvenile	
13	issues and just is an incredible, incredible man.		
14	SHEEHAN:	Well, if the apple doesn't fall far from the tree, he's	
15	got a great tree he fell from. Well, okay is that all the HOA's?		
16	WOOD:	Actually, I've had one more submitted to me from the	
17	Stonebridge HOA again with two signatures designating a speaker.		
18	SHEEHAN:	Okay. Stonebridge HOA? Again please state your	
19	name, last name, spell your last name. Provide your address for the record,		
20	please. Again Patrick, ten minutes and that quality over quantity certainly		
21	repeating the same thing again and again and again doesn't drill it any farther.		
22	It's drilled in. We got it.		