

**PHYSICIANS STATEMENT**

**IN THE SUPREME COURT OF PENNSYLVANIA  
MIDDLE DISTRICT**

RE: No. 34 MAP 2021, *Povacz, M, et al. v. PUC*

Associated Case(s):

35 MAP 2021 Consolidated  
36 MAP 2021 Consolidated  
37 MAP 2021 Consolidated  
38 MAP 2021 Consolidated  
39 MAP 2021 Consolidated  
40 MAP 2021 Consolidated  
41 MAP 2021 Consolidated  
42 MAP 2021 Consolidated  
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**PHYSICIANS STATEMENT**

**SMART METER EFFECTS ON PATIENTS WHO ARE ADVERSELY AFFECTED BY  
EXPOSURE TO RADIOFREQUENCY AND ELECTROMAGNETIC EMISSIONS**

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**Purpose of Statement**

1. The undersigned are physicians - medical doctors (MDs) and Doctor of Osteopathic Medicine (DOs). Our duty as physicians is to help our patients and protect our community's public health. The American Medical Association's Code of Medical Ethics also demands that we seek legal outcomes that are in the best interests of the patient. Code of Medical Ethics Opinion 8.1 states that "While a physician's role tends to focus on diagnosing and treating illness once it occurs, physicians also have a professional commitment to prevent disease and promote

health and well-being for their patients and the community.” Our Hippocratic Oath requires that we take all necessary steps to “prevent disease whenever we can.” Our professional ethics therefore demand that we participate in efforts to prevent patient harm.

2. We file this statement to share with the Court our knowledge of the scientific and medical literature and our experience working with those of our patients, adults and children, who are adversely affected by exposure to wireless-based technologies, including smart meters. Combined we have over 3,000 patients who suffer from electro-sensitivity and/or other conditions which are aggravated by exposure. We hope our statement will help the Court reach an informed and equitable decision in this extremely important case that may have widespread implications on the lives of those adults and children who are adversely affected across the country.

3. It is our unequivocal opinion that Smart meters must not be forced on patients who experience a negative response to RF/EMF, and the only reasonable and humane accommodation is analog meters, the same meters we have had for many decades.

### **Introduction and Summary of Filing**

4. Wireless-based technologies such as cell phones, Wi-Fi and smart meters use and emit pulsed electromagnetic fields (EMFs) and radiofrequency

(RF) radiation (collectively RF/EMF). Exposure to RF/EMF can be harmful, at least to some people. It can directly injure; it can exacerbate pre-existing conditions; and it can interfere with treatment.

5. The undersigned doctors have patients who suffer adverse reactions to RF/EMF, and some of the undersigned doctors themselves are adversely affected and personally experience the painful and debilitating effects of exposure.

6. Adverse effects from RF/EMF are real, proven and a major threat to some people's health. Human physiology has many bioelectric elements, and this is especially true of the heart, brain, nervous system, and intercellular communication. Pulsed and modulated RF/EMF are stressors that directly affect this physiology. Humans vary in their physiology and in their resilience to stressors. Some people lose the ability to cope at a lower level of exposure to toxins than others and some may never get sick.

7. The only treatment for those who suffer impairments worsened by RF/EMF exposure is avoidance. However, with the ever-growing ubiquitous, involuntary exposure to RF/EMF from wireless technology and infrastructure,<sup>1</sup> their home environment is the only place they have some ability to control exposure. It is their last place of refuge.

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<sup>1</sup> [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30221-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30221-3/fulltext).

8. Mandatory smart meter deployment in homes, without a meaningful accommodation for those adversely affected by RF/EMF, will frustrate our ability to maintain or improve our patients' well-being; cause them intolerable harm; and take away from them their only possible refuge, the only place to which they have some control over exposure, and which must be a sanctuary.

9. For those who are adversely affected, having a wireless or digital smart meter is not an option. The *only* reasonable accommodation is an analog meter. It does not create the adverse elements on the electric system created by the operation of the digital/wireless "smart" meters that adversely affect them.

### **Electro-Sensitivity**

10. The most widespread sickness associated with exposure to pulsed RF/EMF is likely "electro-sensitivity."<sup>2</sup> The condition is also referred to in the scientific literature as "electromagnetic hypersensitivity" (EHS), "microwave sickness" and "radiation sickness."

11. The condition is characterized by a constellation of mostly neurological symptoms that occur as a result of exposure to RF/EMF. Common symptoms include headaches, cognitive and memory problems, exhaustion, heart palpitations, anxiety-like symptoms, seizures, sleep issues, ringing in the ears,

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<sup>2</sup> <https://www.aeonline.org/wp-content/uploads/2020/12/AAEMEMFmedicalconditions.pdf>.

tingling, nausea, skin reactions, dizziness, noise sensitivity, digestive problems, and nosebleeds.

12. Electro-sensitivity is not truly a sensitivity; it is a sickness caused and/or aggravated by exposure to pulsed RF/EMF, with serious physiological complications. Many hundreds of studies have proven that RF/EMF exposure can cause and/or aggravate these symptoms<sup>3</sup> and the underlying injuries<sup>4</sup> and establish the causal mechanisms of harm.<sup>5</sup>

13. There are diagnosis guidelines and International Codes of Diseases classifications. Doctors and scientists warn that it is widespread, and the rates are growing. It is recognized as a disability by US agencies.<sup>6</sup>

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<sup>3</sup> Neurological effects: <https://bioinitiative.org/wp-content/uploads/2020/09/6-RFR-Neurological-Effects-Abstracts-2020.pdf>; <https://bioinitiative.org/wp-content/uploads/2020/10/13-Neurological-Effects-Studies-Percent-Comparison-2020.pdf>.

<sup>4</sup> <https://direct.mit.edu/neco/article/30/11/2882/8424/Diplomats-Mystery-Illness-and-Pulsed>.

<sup>5</sup> Mechanism of harm: <https://bioinitiative.org/wp-content/uploads/2020/09/3-RFR-Free-Radical-Oxidative-Damage-Abstracts-2020.pdf> (oxidative stress); <https://direct.mit.edu/neco/article/30/11/2882/8424/Diplomats-Mystery-Illness-and-Pulsed>; <https://direct.mit.edu/neco/article/30/11/2882/8424/Diplomats-Mystery-Illness-and-Pulsed>.

<sup>6</sup> See further discussion in the Amicus Brief. Also: <https://childrenshealthdefense.org/wp-content/uploads/rf-accomodation-nibs.pdf>; Dept. of Education: <https://childrenshealthdefense.org/wp-content/uploads/rf-accomodation-education.pdf>; Dept. of Labor: <https://childrenshealthdefense.org/wp-content/uploads/rf-accomodation-labor.pdf>.

14. For many of our patients, RF/EMF exposure adversely and severely affects their ability to physically and mentally function. Exposure can interfere with brain wave operation and impair blood flow to the brain. These effects can cause interference with various brain functions including sleep and cognitive functions. Exposure can also damage the blood-brain barrier (BBB) which can lead to brain damage and neurodegenerative conditions. RF/EMF interfere with the nervous system and bioelectric functions.<sup>7</sup>

15. Those affected react to RF/EMF exposures they were able to tolerate previously and at levels that may not evoke a negative response in others. With avoidance, the symptoms decrease and can even completely disappear. But with re-exposure they reappear. Continued exposure leads to increase in symptom frequency, severity and additional symptoms may appear. It can also worsen the underlying injuries.

16. The scientific evidence explaining causation and mechanisms of harm associated with RF/EMF injuries is now robust. Oxidative stress is an established

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<sup>7</sup> <https://direct.mit.edu/neco/article/30/11/2882/8424/Diplomats-Mystery-Illness-and-Pulsed>.

mechanism of harm for RF/EMF-related injuries;<sup>8</sup> known physiological biomarkers and genetic predispositions<sup>9</sup> help us in our diagnoses.

### **Diagnosis Guidelines**

17. There are reliable diagnostic guidelines that we use and rely on in our practice. In 2016 the European Academy for Environmental Medicine's (EUROPAEM) "EMF Working Group" developed official diagnosis guidelines: "EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses"<sup>10</sup> (Exhibit 1). These guidelines were developed by the world leading experts; they were peer-reviewed and published and are used by doctors in the US and around the world. They provide a comprehensive review of the scientific evidence regarding the symptoms, the physiological damage, mechanisms of harm and biomarkers associated with RF/EMF-related health effects, and they reference 235 peer-reviewed studies. The guidelines are based on the Austrian Medical Association's guidelines.<sup>11</sup>

18. When diagnosing the condition, we use the World Health Organization (WHO) International Classification of Diseases' Code T-66 for a

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<sup>8</sup> <https://direct.mit.edu/neco/article/30/11/2882/8424/Diplomats-Mystery-Illness-and-Pulsed>.

<sup>9</sup> <https://www.hindawi.com/journals/mi/2014/924184/>.

<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/27454111/>.

<sup>11</sup> <https://ecfsapi.fcc.gov/file/1092912632123/48-Attachment%2048-%20Austrian%20Medical%20Assoc%20Guideline%20EMF%20Disease.pdf>.



diagnosis of “Radiation Sickness” and Code W90 which recognizes that “Exposure to Other Nonionizing Radiation” can cause injury.

19. The knowledge regarding the etiology of the condition is constantly evolving. Professor Dominique Belpomme is a member of the EMF Working Group that developed the diagnosis guidelines. Since 2009, he and his team have been conducting extensive testing on people who suffer from electro-sensitivity to identify the underlining injuries and biomarkers. They have tested over 700 people. Some of the lab tests recommended by the EUROPAEM’s guidelines are based on his work.<sup>12</sup> To keep doctors apprised of the newly identified biomarkers, in 2020 he published peer-reviewed guidelines<sup>13</sup> to reflect the most current findings and biomarkers to help doctors diagnose, treat, and prevent this condition.<sup>14</sup>

20. We also consult with guidelines from clinics specializing in diagnosis of RF/EMF-related injuries such as those developed by Professor Riina Bray, MD, BASC, MSC, FFCP, MHSC. Prof. Bray leads the largest government hospital

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<sup>12</sup> <https://pubmed.ncbi.nlm.nih.gov/26613326/>.

<sup>13</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7139347/>.

<sup>14</sup> Belpomme’s studies provide clear evidence of physiological biomarkers indicating serious physiological injuries, and he concludes that these findings negate the hypothesis that electro-sensitivity could be psychosomatic or caused by a “nocebo” effect. These studies include objective tests that measure physiological reactions, not subjective perception, and prove that electro-sensitivity and exposure can lead to severe injuries.

clinic specializing in diagnosing electro-sensitivity.<sup>15</sup> Her diagnosis guidelines<sup>16</sup> are based on the knowledge she and the seven doctors in the clinic accumulated over the past 23 years seeing many hundreds of patients with electro-sensitivity (Exhibit 2).

### **Clinical Diagnosis**

21. Those who suffer from electro-sensitivity develop symptoms from RF/EMF exposure. However, the underlying physical injury may be different from one patient to another, because pulsed RF/EMF can cause various physiological injuries.

22. For example, a peer-reviewed study on 675 subjects with electro-sensitivity<sup>17</sup> showed that 28% had leakage of the blood-brain barrier; 40% had chronic inflammation indicating oxidative stress; 23% had autoimmune antibodies; and 100% had reduced melatonin levels. Substantive scientific evidence shows that each of these injuries can be caused by pulsed RF/EMF exposure.

23. For this reason, there is no one test for diagnosis and therefore, as with many other conditions, the diagnosis must be clinical, involve direct

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<sup>15</sup> <https://www.womenscollegehospital.ca/care-programs/environmental-health-clinic/>.

<sup>16</sup> <https://www.womenscollegehospital.ca/assets/pdf/environmental/Preliminary%20Clinical%20Guidelines%20%20for%20EHS.pdf>.

<sup>17</sup> <https://pubmed.ncbi.nlm.nih.gov/26613326/>.

evaluation of the patient, and requires medical judgment. Diagnosis is based on identifying the underlying cause of the patient's complaints based on symptoms and medical history rather than on one specific test. Not all ailments have classic signs from blood tests or imaging, and in lieu of these, a physician must use clinical judgment to draw a reasonable and sensible conclusion based on personal and direct observation and the scientific literature.<sup>18</sup>

24. When taking a patient's medical history, we look for description of situations which would be the equivalent of a blinded test, i.e., situations in which the patient was unaware of the exposure and the appearance of symptoms was a clear result of the exposure; and vice versa, where the source of exposure was removed without the knowledge of the patient and the symptoms improved. We also look for evidence of physiological reactions which are not based on subjective perception and on "natural experiment": if exposure elimination/reduction leads to diminished symptoms, then avoidance is the recommended treatment.

25. When relevant and possible, we support our clinical diagnosis with the lab tests suggested by the diagnosis guidelines. These lab tests are based on

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<sup>18</sup> We understand that the utility's medical expert's opinion was formed and expressed without any direct contact or personal evaluation of the Complainants below, whereas the Complainants' medical evidence was based on personal knowledge, at least in part. Remote diagnostics are contra-indicated, especially in this area. The Commission's decision to accept the utility's medical evidence over that of an actual attending physician is highly questionable. We note that the federal disabilities rules expressly discount remote "records-only" evaluations.

biomarkers that have been associated with exposure to RF/EMF. For example, we use blood tests for free radicals that indicate oxidative stress damage because oxidative stress is a well-recognized mechanism of harm of RF/EMF exposure.<sup>19</sup>

26. Our patients' symptoms can be very severe and debilitating and for many, they significantly affect major life functions. This is so regardless of the name attached to the condition or its alleged controversial nature.

### **Recognition**

27. US agencies have recognized the condition as a disability entitled to accommodations including: the US Access Board;<sup>20</sup> National Institute of Buildings Science;<sup>21</sup> the Department of Labor;<sup>22</sup> the Department of Education,<sup>23</sup> and the

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<sup>19</sup> Many studies have shown that RF/EMF cause oxidative stress, and it is a recognized underlying mechanism for EMF-related sicknesses, including electro-sensitivity. <https://bioinitiative.org/wp-content/uploads/2020/09/3-RFR-Free-Radical-Oxidative-Damage-Abstracts-2020.pdf>; <https://pubmed.ncbi.nlm.nih.gov/26151230/>.

<sup>20</sup> <https://childrenshealthdefense.org/wp-content/uploads/rf-accomodation-access-board.pdf#page=3>.

<sup>21</sup> The report concludes that RF/EMF is an “access barrier” and can render buildings “inaccessible” to those with electro-sensitivity and provides accessibility guidelines. <https://www.access-board.gov/research/building/indoor-environmental-quality/>; <https://childrenshealthdefense.org/wp-content/uploads/rf-accomodation-nibs.pdf>.

<sup>22</sup> <https://childrenshealthdefense.org/wp-content/uploads/rf-accomodation-labor.pdf>.

<sup>23</sup> In 2011, DOE issued a memorandum regarding accommodation of people with Multiple Chemical Sensitivities (“MCS”). It included recommendations to minimize exposure to EMFs and to ensure the home environment is a “sanctuary,” free from

Social Security Administration. In their publications some of these agencies explain that accommodation of those affected by RF/EMF should be removal/minimizing exposure and that their home should be a sanctuary free from EMF.

28. In the past couple of decades, and mainly in the past 10 years, the number of patients we see in our clinics who suffer greatly from RF/EMF has grown.<sup>24</sup> This is not surprising given the exponential increase in wireless deployment and use. The general public faces constant saturation in all public places and in the workplace.<sup>25</sup>

29. This sickness has been recognized by courts and by many medical and official international organizations such as the Council of Europe<sup>26</sup> and the

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EMFs because they may trigger symptoms. <https://childrenshealthdefense.org/wp-content/uploads/rf-accomodation-education.pdf#page=5>.

<sup>24</sup> See statement from the American Academy of Environmental Medicine: <https://www.aeonline.org/wp-content/uploads/2020/12/AAEMEMFmedicalconditions.pdf>.

<sup>25</sup> [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30221-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30221-3/fulltext).

<sup>26</sup> Resolution 1815 (2011) Section 8.1.4: “pay particular attention to “electrosensitive” people who suffer from a syndrome of intolerance to electromagnetic fields and introduce special measures to protect them, including the creation of wave-free areas not covered by the wireless network.” Available at <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=17994&>.

European Parliament which stated in a resolution that the rates of electro-sensitivity are growing “exponentially.”<sup>27</sup>

30. In 2019, the New-Hampshire legislature voted unanimously to establish a committee to study the effects of 5G and wireless radiation. The committee was comprised of scientists, public officials, and representatives of the wireless industry (through CTIA, the wireless industry lobby association). Following a year of hearing expert testimony and reviewing the science, the committee’s majority report, published in October 2020, concluded that wireless radiation can be harmful. The report acknowledged electro-sensitivity and the need to accommodate those who suffer from the condition. It emphasized the need to educate doctors.<sup>28</sup>

31. Indeed, doctors’ awareness of RF/EMFs harms is constantly growing. The California Medical Association passed a Resolution which highlighted RF/EMF effects consistent with electro-sensitivity. In 2021, close to 200 physicians participated in a medical conference about health effects associated

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<sup>27</sup> European Parliament Written declaration on the recognition of multiple chemical sensitivity and electrohypersensitivity in the International Statistical Classification of Diseases and Related Health Problems. Available at [https://www.europarl.europa.eu/doceo/document/DCL-7-2012-0014\\_EN.pdf?redirect](https://www.europarl.europa.eu/doceo/document/DCL-7-2012-0014_EN.pdf?redirect).

<sup>28</sup><http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>.

with RF/EMF exposure.<sup>29</sup> Participants received continued medical education (CME) credits.

32. We have no doubt that for some of our patients, RF/EMF are the cause of their symptoms. Only those who have not had patients who are affected, have not performed direct evaluations or are ignorant of the scientific and medical literature and the operation of the human body, can doubt these patients and their suffering from pulsed RF/EMFs.

### **Smart Meter Specific Issues**

33. The problems with smart meters arise not only from the RF signal used to wirelessly transfer the data to the utility company. A major problem is that smart meters inject pulsed RF and extremely low-frequency (ELFs) EMFs over a house's electric wiring, effectively turning the entire home into a radiating antenna. Locating the smart meter further away from the house is not an acceptable solution or reasonable accommodation because it does not eliminate this "antenna" effect.<sup>30</sup>

34. This problem is exacerbated because the RF/EMF that enter the electric system are intensely pulsed,<sup>31</sup> and pulsation has consistently been

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<sup>29</sup> <https://emfconference2021.com/>.

<sup>30</sup> See expert engineer Erik Anderson statement which is part of the amicus brief.

<sup>31</sup> <https://docs.cpuc.ca.gov/PublishedDocs/EFILE/BRIEF/171336.PDF>.

identified as a central element in RF/EMF related injuries.<sup>32</sup> EMFs used for medical treatments are pulsed because the pulsation makes the signal more bioactive.<sup>33</sup>

35. Some of our patients reported symptom onset after a smart meter was installed on their homes. Many were not aware of the installation at the time, did not suffer from adverse effects from wireless devices and had no idea that these meters or any wireless device can cause harm. In many of the cases, the association between the meter installation and the appearance of symptoms is clear.<sup>34</sup>

36. However, the best evidence of the adverse effects of these meters is the changes we see almost immediately after a smart meter is removed and replaced with an analog meter. Our patients' symptoms usually disappear or at least significantly lessen.

37. Adverse reactions which are not affected by subjective perception disappear and thus the evidence is indisputable and cannot be deemed a "nocebo" effect. It establishes clear and direct causation. For example, a common symptom we see in patients from smart meters is nosebleeds, including in children. When the

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<sup>32</sup><https://ecfsapi.fcc.gov/file/10709642227609/Carlo%20paper%20%20Real%20versus%20Simulated%20Mobile%20Phone%20Exposures%20in%20Experimental%20Studies.pdf>.

<sup>33</sup> <https://ecfsapi.fcc.gov/file/7520940777.pdf>.

<sup>34</sup> <https://ecfsapi.fcc.gov/file/7520958363.pdf>.



family has the smart meter removed, the nosebleeds usually disappear almost overnight. Studies have explained the mechanism behind pulsed RF/EMF exposure and nosebleeds.<sup>35</sup>

38. We must emphasize that the question of initial causation is irrelevant. The smart meter may or may not be the source that first generates symptom onset. What is relevant is that once a person begins to react to pulsed RF/EMFs, any and all exposure must be avoided, since avoidance is the primary and only truly effective treatment. People can turn off a cell phone, but they cannot turn off the smart meter or shield themselves from its effects.

39. People with major life function impairments require accommodation, without regard to initial cause. The accommodation requirement merely allows them to better function and have some chance of a tolerable life.

40. Forcing smart meters on our patients who are adversely affected by RF/EMF, in their homes, means exposing them 24/7 to a toxin that instigates dysfunction, tormenting pain and severe physiological injuries and reactions, some of which can be life-threatening.

41. Our patients and those like them cannot be required to endure exposure that is toxic and can be even deadly to them in their own home as a

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<sup>35</sup> <https://ecfsapi.fcc.gov/file/1091442657471/Cuban%20Embassy-Beatrice%20Golomb%20PhD-Microwave%20Attack.pdf#page=20>.

condition of utility service. If they cannot have a safe environment in their homes, their condition will undoubtedly worsen and can result in death. Their home is their only refuge.

42. The main recommendation to our patients beyond avoidance is to contact professionals who specialize in EMF mitigation, to help them mitigate RF/EMF exposure and shield the home from outside exposure sources. However, no amount of shielding can protect those who are sick from the effects of smart meters, since they turn the home's electric wiring into a transmitting antenna. This is the worst-case scenario for the electro-sensitive.

### **Summary**

43. Based on our knowledge and experience, we unequivocally determine that wireless and digital "smart" meters must not be forced on those who suffer adverse reactions from RF/EMF exposure. Those who are affected must have the choice of mechanical analog meters. Any other outcome will lead to immense suffering and even death. It would be unconscionable.

44. This accommodation is necessary, simple and reasonable. All that is required is to allow them to use the same mechanical analog utility meter that was installed for many decades on homes.

Respectfully Submitted,

**Physicians Statement Signatories**

Prashanthi Atluri, MD, *Cardiology*, OH

Tiffany Baer, MD, *Internal Medicine*, TX

Sunil Bhat, DO, *Family Medicine*, PA

Anthony Bianco, DO, *Family Medicine*, OH

Michael Blahut, DO, *Family Medicine*, PA

Mark Brody, MD, *Primary Care, Integrative Medicine*, RI

Larry Burk, MD, *Radiology*, NC

Maria Carrascal, MD, *Pediatrics*, Puerto Rico

David Calderwood, MD, *Family Medicine*, AL

Lora Chamberlain, DO, *Family Medicine*, IL

Jaqueline Chan, DO, *Family and Integrative Medicine*, CA

Barbara A. Crothers, DO, *Pathology*, MD

Diane Culik, MD, *Family Medicine*, MI

Paul Dart, MD, *Family Practice Physician*, OR

Sandra Denton, MD, *Family Medicine, Alternative Medicine, Emergency Medicine, AK*

Tim Dooley, MD, *Integrative Medicine, CA*

Robyn Dreibelbis, DO, *Family Medicine, OR*

Victoria Dunckley, MD, *Psychiatry, CA*

Ben Edwards, MD, *Functional Medicine, TX*

Erica Elliot, MD, *Family and Environmental Medicine, NM*

Tracy Freeman, MD, *Internal Medicine, MD*

Deborah Ginsburg, MD, *Family Medicine, Special Needs, NJ*

Melanie Gisler, DO, *Family Medicine, CA*

Sharon Goldberg, MD, *Internal and Integrative Medicine, NM*

Stephen Grable, MD, *Internal Medicine, FL*

Margaret Heinze, MD, *Family Medicine, WI*

Martha Herbert, MD PhD, *Pediatric Neurologist, MA*

Michael Hilts, MD, *Family Medicine, NC*

Jeanne Hubbuch, MD, *Family Medicine, MA*

Toril Jelter, MD, *Pediatrics, CA*

Lyn Johnson, DO, *Family Medicine*, FL

Bob Kaplan, MD, *Diagnostic Radiology*, AZ

Stacy Kuhns, MD, *Pediatrics*, PA

Christopher Lawinski, MD, *Integrative Medicine*, HI

Janet Levatin, MD, *Pediatrics*, OH

Stephanie McCarter, MD, *Internal Medicine*, TX

Lawrence McKnight, MD, *Internal Medicine*, PA

Jorge Moreno, DO, *Family Medicine*, CA

Leah Morton, MD, *Family Medicine*, NM

Gerald Natzke, DO, *Assistant Clinical Professor, Michigan State University, Environmental Medicine, Allergies*, MI

Raymond Oenbrink, DO, *Family Medicine*, NC

Kara Parker, MD, *Family Medicine, Functional Medicine, and Integrative Health*, MN

Jessica Peatross, MD, *Internal and Functional Medicine*, NC

Michelle Perro, MD, *Pediatrics, Integrative Medicine*, CA

Diane Powell, MD, *Psychiatry*, OR

Peter Prociuk, MD, *Internal Medicine*, PA

Kirsten Reynolds, MD, *Family Medicine*, WI

David G. Schwartz, MD, *Family Medicine*, VA

Jennifer Shaw, MD, *Obstetrics and Gynecology*, AZ

Pam Shervanick, DO, *Psychiatry*, ME

Frank Sievert, MD, *Family Medicine*, OR

Ana-Maria Temple, MD, *Pediatrics*, NC

Robert Turner, MD, *Neurology*, SC

Kevin Wand, DO, *Family Medicine*, MN

Jane Williams, MD, *General Surgery*, CA

Savely Yurkovsky, MD, *Cardiology, Internal Medicine, Pediatrics*, NY

James Ziobron, DO, *Family Medicine*, MI

