

Dear Customer:

Your inquiry about electric and magnetic fields is important to our company. As requested, I am enclosing additional information about power-frequency electric and magnetic fields. I hope this information is helpful in responding to your concerns about these fields.

Our Company is committed to supplying electricity in a responsible and safe manner. Edison is conducting, supporting, and funding ongoing research on the potential health effects of electric and magnetic fields. We are working with other utilities, regulatory agencies, universities, and medical institutes in this effort. To date, some studies have suggested there may be a weak association between fields and human health, while others have not. Due to the inconsistencies of these results, nearly all scientists agree that more research is needed. Edison believes while research continues on this issue, our society needs to be aware and informed about EMF through open, honest, and balanced communication.

We appreciate the opportunity to share this information with you. If we can be of further assistance, please contact the EMF Education Center at 1 (800)200-4723. You may also visit the EMF Website for additional information about Electric Magnetic Fields at http://www.SCE.com/Safety/Electric_Magnetic_Fields/.

Thank you

What You Can Do

n a situation of scientific uncertainty and public concern, WHO recommended that utilities explore "very low-cost" ways to reduce EMF exposure from new or upgraded facilities. SCE and other California public utilities have been pursuing no-cost and low-cost measures to reduce EMF levels from new utility transmission lines and substation projects. You, too, may want to take no-cost and low-cost measures to reduce your EMF exposure at home and at work.

Human studies have not produced a consensus about any health benefits from changing the way people use electric appliances. But, if you feel reducing your EMF exposure would be beneficial, you can increase your distance from electric appliances and/or limit the amount of time you use appliances at home or at work.

For instance, you can place phone answering machines and electric clocks away from the head of your bed. Increasing your distance from these and other appliances such as televisions, computer monitors and microwave ovens can reduce your EMF exposure.

You can also reduce your EMF exposure by limiting the time you spend using personal appliances such as hair dryers, electric razors, heating pads and electric blankets. You may also want to limit the time you spend using electric cooking appliances.

You can locate the sources of EMF in your work environment, and spend break time in lower-field areas.

It is not known whether such actions will have any impact on your health.

Additional Information Is Available

SCE provides free EMF information packages and home/business measurements upon request. We also invite you to attend a workshop on EMF at our EMF Education Center located in Irwindale. For any of these services, please call us at **1-800-200-4SCE**.

Additional information is also available at these links:

World Health Organization International EMF Project:
Visit who.int/peh-emf for EMF information, including fact sheets, research completed and scientific journal articles.

National Institute of Environmental Health Sciences:

Visit niehs.nih.gov/health and click on Brochures & Fact Sheets, then select EMFs in English or Spanish.

California Department of Health Services: Visit **ehib.org/emf** for information.

California Public Utilities Commission:

Visit cpuc.ca.gov and enter "EMF Actions" in the Search box.

UNDERSTANDING Control of the contro

Questions have been raised about the possible health effects of 60-hertz (power frequency) electric and magnetic fields (EMF*), which are found wherever you have electric power. This brochure contains information that will help you understand the EMF issue, plus practical tips you can use if you want to reduce your exposure at home and at work.

Campos Eléctricos y Magnéticos (EMF):

Si desea recibir información en español, comuniquese con SCE al 1-800-441-2233.

Reviewed by: California Public Utilities Commission (CPUC)

*The term EMF in this publication refers to extremely low frequency (ELF) 60-hertz electric and magnetic fields associated with power delivered by electric utilities. It does not refer to radio frequency (RF) waves associated with wireless communications such as cell phones.



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Can EMF Harm Your Health?

Electric and magnetic fields are present wherever electricity flows—around appliances and power lines, and in offices, schools and homes. Many researchers believe that if there is a risk of adverse health effects from usual residential exposures to EMF, it is probably just at the detection limit of human health studies; nonetheless, the possible risk warrants further investigation. The varying results from epidemiological studies, which looked at estimated EMF exposures and childhood leukemia, are consistent with a weak link. Laboratory studies, including studies investigating a possible mechanism for health effects (mechanistic studies), provide little or no evidence to support this weak link.

The results from many research studies have been evaluated by international, national and California EMF research programs to determine whether EMF poses any health risk. Given the uncertainty of the issue, the medical and scientific communities have been unable to conclude that usual residential exposures to EMF cause health effects, or to establish any standard or level of residential exposure that is known to be either safe or harmful. These conclusions remain unchanged by recent studies.

World Health Organization Findings

he World Health Organization (WHO) completed

■ a review of the potential health implications of extremely low frequency (ELF) EMF, which includes power-frequency fields. Their conclusions and recommendations were presented in June 2007 in a report known as the Extremely Low Frequency Fields, Environmental Health Criteria Monograph No. 238.

The WHO report concluded that evidence for a link between ELF magnetic fields and childhood leukemia "is not strong enough to be considered causal but sufficiently strong to remain a concern." "Virtually all of the laboratory evidence and the mechanistic evidence fail to support" this reported association. For all other diseases, there is inadequate or no evidence of health effects at low exposure levels.

The report emphasized that, given the weakness of the evidence for health effects, the health benefits of exposure reduction are unclear and adopting policies based on arbitrary low exposure limits is not warranted. In light of this situation, WHO made these and other recommendations:

□ National authorities should implement communication programs with all stakeholders to enable informed decision-making, including how individuals can reduce their own exposure.

- Policy makers and community planners should implement very low-cost measures to reduce exposures when constructing new facilities and designing new equipment, including appliances.
- Policy makers should establish guidelines for ELF field exposure for both the general public and workers. The best source of guidance for both exposure levels and the principles of scientific review are the international guidelines.
- ☐ Government and industry should promote research to reduce the uncertainty of the scientific evidence on the health effects of ELF field exposure. Several recommended research projects are already under way through the Electric Power Research Institute, of which SCE is a member.

To view the full report and a fact sheet summarizing it, visit www.who.int/peh-emf/publications/elf_ehc/en/index.html www.who.int/peh-emf/publications/facts/fs322/en/index.html

Magnetic Fields at Home

(measurements are in ininigauss.)		1.2" away	12" away	36" away
—	Microwave Oven	750 to 2,000	40 to 80	3 to 8
Ö	Clothes Washer	8 to 400	2 to 30	0.1 to 2
	Electric Range	60 to 2,000	4 to 40	0.1 to 1
	Compact Fluorescent Bulb	0 to 32.8	0 to 0.1	0
	Hair Dryer	60 to 20,000	I to 70	0.1 to 3
	LCD/Plasma TV	1.1 to 73.6	0 to 2.5	0 to 2.2

Source: Adapted from Gauger 1985 & EPRI Appliance Measurement Study 2010.

Magnetic Fields Outside

(Maximum values may be lower for some California utilities.)

Distribution Lines	I to 80 milligauss under the line	
Transmission Lines	I to 300 milligauss edge of right-of-way	



Media centre

Electromagnetic fields and public health

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Exposure to extremely low frequency fields

Fact sheet N°322 June 2007

The use of electricity has become an integral part of everyday life. Whenever electricity flows, both electric and magnetic fields exist close to the lines that carry electricity, and close to appliances. Since the late 1970s, questions have been raised whether exposure to these extremely low frequency (ELF) electric and magnetic fields (EMF) produces adverse health consequences. Since then, much research has been done, successfully resolving important issues and narrowing the focus of future research.

In 1996, the World Health Organization (WHO) established the International Electromagnetic Fields Project to investigate potential health risks associated with technologies emitting EMF. A WHO Task Group recently concluded a review of the health implications of ELF fields (WHO, 2007).

This Fact Sheet is based on the findings of that Task Group and updates recent reviews on the health effects of ELF EMF published in 2002 by the International Agency for Research on Cancer (IARC), established under the auspices of WHO, and by the International Commission on Non-Ionizing Radiation Protection (ICNIRP) in 2003.

ELF field sources and residential exposures

Electric and magnetic fields exist wherever electric current flows - in power lines and cables, residential wiring and electrical appliances. **Electric** fields arise from electric charges, are measured in volts per metre (V/m) and are shielded by common materials, such as wood and metal. **Magnetic** fields arise from the motion of electric charges (i.e. a current), are expressed in tesla (T), or more commonly in millitesla (mT) or microtesla (μ T). In some countries another unit called the gauss, (G), is commonly used (10,000 G = 1 T). These fields are not shielded by most common materials, and pass easily through them. Both types of fields are strongest close to the source and diminish with distance.

Most electric power operates at a frequency of 50 or 60 cycles per second, or hertz (Hz). Close to certain appliances, the magnetic field values can be of the order of a few hundred microtesla. Underneath power

lines, magnetic fields can be about 20 μT and electric fields can be several thousand volts per metre. However, average residential power-frequency magnetic fields in homes are much lower - about 0.07 μT in Europe and 0.11 μT in North America. Mean values of the electric field in the home are up to several tens of volts per metre.

Task group evaluation

In October 2005, WHO convened a Task Group of scientific experts to assess any risks to health that might exist from exposure to ELF electric and magnetic fields in the frequency range >0 to 100,000 Hz (100 kHz). While IARC examined the evidence regarding cancer in 2002, this Task Group reviewed evidence for a number of health effects, and updated the evidence regarding cancer. The conclusions and recommendations of the Task Group are presented in a WHO Environmental Health Criteria (EHC) monograph (WHO, 2007).

Following a standard health risk assessment process, the Task Group concluded that there are no substantive health issues related to ELF electric fields at levels generally encountered by members of the public. Thus the remainder of this fact sheet addresses predominantly the effects of exposure to ELF magnetic fields.

Short-term effects

There are established biological effects from acute exposure at high levels (well above 100 μ T) that are explained by recognized biophysical mechanisms. External ELF magnetic fields induce electric fields and currents in the body which, at very high field strengths, cause nerve and muscle stimulation and changes in nerve cell excitability in the central nervous system.

Potential long-term effects

Much of the scientific research examining long-term risks from ELF magnetic field exposure has focused on childhood leukaemia. In 2002, IARC published a monograph classifying ELF magnetic fields as "possibly carcinogenic to humans". This classification is used to denote an agent for which there is limited evidence of carcinogenicity in humans and less than sufficient evidence for carcinogenicity in experimental animals (other examples include coffee and welding fumes). This classification was based on pooled analyses of epidemiological studies demonstrating a consistent pattern of a two-fold increase in childhood leukaemia associated with average exposure to residential power-frequency magnetic field above 0.3 to 0.4 μT . The Task Group concluded that additional studies since then do not alter the status of this classification.

However, the epidemiological evidence is weakened by methodological problems, such as potential selection bias. In addition, there are no accepted biophysical mechanisms that would suggest that low-level exposures are involved in cancer development. Thus, if there were any effects from exposures to these low-level fields, it would have to be through a biological mechanism that is as yet unknown. Additionally, animal studies have been largely negative. Thus, on balance, the evidence related to childhood leukaemia is not strong enough to be considered causal.

Childhood leukaemia is a comparatively rare disease with a total annual number of new cases estimated to be 49,000 worldwide in 2000. Average magnetic field exposures above 0.3 μ T in homes are rare: it is estimated that only between 1% and 4% of children live in such conditions. If the association between magnetic fields and childhood leukaemia is causal, the number of cases worldwide that might be attributable to magnetic field exposure is estimated to range from 100 to 2400 cases per year, based on values for the year 2000, representing 0.2 to 4.95% of the total incidence for that year. Thus, if ELF magnetic fields actually do increase the risk of the disease, when considered in a global context, the impact on public health of ELF EMF exposure would be limited.

A number of other adverse health effects have been studied for possible association with ELF magnetic field exposure. These include other childhood cancers, cancers in adults, depression, suicide, cardiovascular disorders, reproductive dysfunction, developmental disorders, immunological modifications, neurobehavioural effects and neurodegenerative disease. The WHO Task Group concluded that scientific evidence supporting an association between ELF magnetic field exposure and all of these health effects is much weaker than for childhood leukaemia. In some instances (i.e. for cardiovascular disease or breast cancer) the evidence suggests that these fields do not cause them.

International exposure guidelines

Health effects related to short-term, high-level exposure have been established and form the basis of two international exposure limit guidelines (ICNIRP, 1998; IEEE, 2002). At present, these bodies consider the scientific evidence related to possible health effects from long-term, low-level exposure to ELF fields insufficient to justify lowering these quantitative exposure limits.

WHO's guidance

For high-level short-term exposures to EMF, adverse health effects have been scientifically established (ICNIRP, 2003). International exposure guidelines designed to protect workers and the public from these effects should be adopted by policy makers. EMF protection programs should include exposure measurements from sources where exposures might be expected to exceed limit values.

Regarding long-term effects, given the weakness of the evidence for a link between exposure to ELF magnetic fields and childhood leukaemia, the benefits of exposure reduction on health are unclear. In view of this situation, the following recommendations are given:

- Government and industry should monitor science and promote research programmes to further reduce the uncertainty of the scientific evidence on the health effects of ELF field exposure. Through the ELF risk assessment process, gaps in knowledge have been identified and these form the basis of a new research agenda.
- Member States are encouraged to establish effective and open communication programmes with all stakeholders to enable informed decision-making. These may include improving coordination and consultation among industry, local government, and citizens in the planning process for ELF EMF-emitting facilities.

 When constructing new facilities and designing new equipment, including appliances, low-cost ways of reducing exposures may be explored. Appropriate exposure reduction measures will vary from one country to another. However, policies based on the adoption of arbitrary low exposure limits are not warranted.

Further reading

WHO - World Health Organization. Extremely low frequency fields. Environmental Health Criteria, Vol. 238. Geneva, World Health Organization, 2007.

IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. Non-ionizing radiation, Part 1: Static and extremely low-frequency (ELF) electric and magnetic fields. Lyon, IARC, 2002 (Monographs on the Evaluation of Carcinogenic Risks to Humans, 80).

ICNIRP - International Commission on Non-Ionizing Radiation Protection. Exposure to static and low frequency electromagnetic fields, biological effects and health consequences (0-100 kHz). Bernhardt JH et al., eds. Oberschleissheim, International Commission on Non-ionizing Radiation Protection, 2003 (ICNIRP 13/2003).

ICNIRP – International Commission on Non-Ionizing Radiation Protection (1998). Guidelines for limiting exposure to time varying electric, magnetic and electromagnetic fields (up to 300 GHz). Health Physics 74(4), 494-522.

IEEE Standards Coordinating Committee 28. IEEE standard for safety levels with respect to human exposure to electromagnetic fields, 0-3 kHz. New York, NY, IEEE - The Institute of Electrical and Electronics Engineers, 2002 (IEEE Std C95.6-2002).

For more information contact:

WHO Media centre

Telephone: +41 22 791 2222 E-mail: mediainquiries@who.int