



County of Santa Cruz 0257

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1060 EMELINE AVE., SANTA CRUZ, CA 95061-0962
 TELEPHONE: (831) 454-4114 FAX: (831) 454-5049 TDD: (831) 454-4123

Poki Stewart Namkung, M.D., M.P.H.
Health Officer
Public Health Division

Memorandum

Date: January 13, 2012
 To: Santa Cruz County Board of Supervisors
 From: Poki Stewart Namkung, M.D., M.P.H. *PON*
 Health Officer
 Subject: Health Risks Associated With SmartMeters

Overview

On December 13, 2011, Santa Cruz County Board of Supervisors directed the Public Health Officer to return on January 24, 2012, with an analysis of the research on the health effects of SmartMeters.

Background

In order to analyze the potential health risks associated with SmartMeters, the following questions should be asked:

- 1) What is the SmartMeter system and what is the potential radiation exposure from the system?
- 2) What scientific evidence exists about the potential health risks associated with SmartMeters?
- 3) Are there actions that the public might take to mitigate any potential harm from SmartMeters?

SmartMeters are a new type of electrical meter that will measure consumer energy usage and send the information back to the utility by a wireless signal in the form of pulsed frequencies within the 800 MHz to 2400MHz range, contained in the microwave portion of the electromagnetic spectrum. SmartMeters are considered part of 'smart grid' technology that includes: a) a mesh network or series of pole-mounted wireless antennas at the neighborhood level to collect and transmit wireless information from all SmartMeters in that area back to the utility; b) collector meters, which are a special type of SmartMeter that collects the radiofrequency or microwave radiation signals from many surrounding

buildings (500-5000 homes or buildings) and sends the information back to the utility; and c) proposed for the future, a power transmitter to measure the energy use of individual appliances (e.g. washing machines, clothes dryers, dishwasher, etc) and send information via wireless radio frequency signal back to the SmartMeter. The primary rationale for SmartMeters and grid networks is to more accurately monitor and direct energy usage.

The public health issue of concern in regard to SmartMeters is the involuntary exposure of individuals and households to electromagnetic field (EMF) radiation. EMFs are everywhere, coming from both natural and man-made sources. The three broad classes of EMF are:

- extremely low frequency, ELF (from the sun or powerlines)
- radio frequency, RF (from communication devices, wireless devices, and SmartMeters)
- extremely high frequency, known as ionizing radiation (x-rays and gamma rays)

Much of this exposure is beyond our control and is a matter of personal choice; however, public exposure to RF fields is growing exponentially due to the proliferation of cell phones, and wireless fidelity (Wi-Fi) technology. To understand the relationship between EMF from SmartMeters and other sources, it is helpful to view the electromagnetic spectrum:

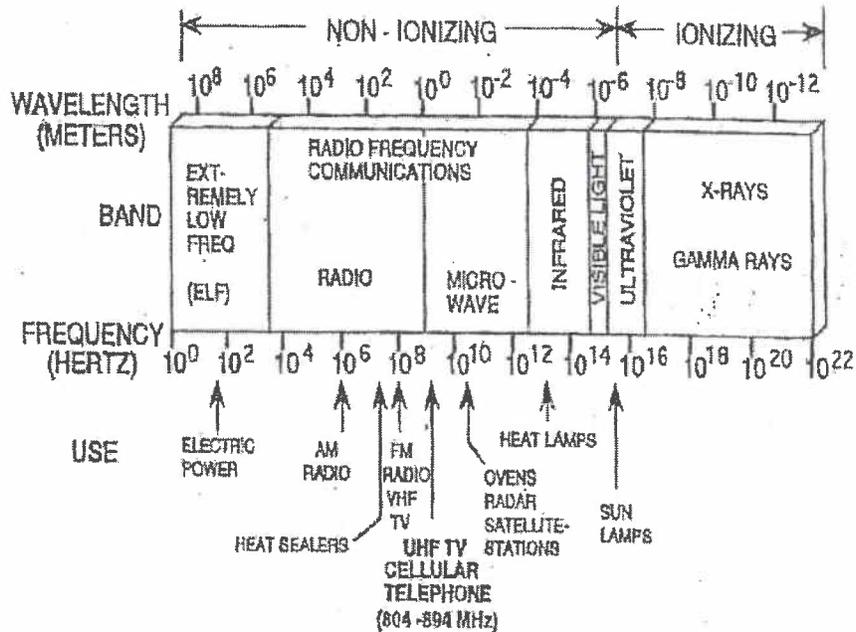


Fig. 1: The electromagnetic spectrum, showing the relations between ELF and RF fields, wavelength and frequency, and the ionizing and non-ionizing portions of the spectrum.

The Federal Communications Commission (FCC) has adopted limits for Maximum Permissible Exposure (MPE) that are based on exposure guidelines published by the National Council on Radiation Protection and Measurements (NCRP). The limits vary with

the frequency of the electromagnetic radiation and are expressed in units of microwatts per centimeter squared. A SmartMeter contains two antennas whose combined time-averaged public safety limit of exposure is $655\mu\text{W}/\text{cm}^2$ (Sage, 2011). According to the California Council on Science and Technology (CCST) Report (2011), within distances of three to ten feet, SmartMeters would not exceed this limit. However, CCST did not account for the frequency of transmissions, reflection factors, banks of SmartMeters firing simultaneously, and distances closer than three feet. There are numerous situations in which the distance between the SmartMeters and humans is less than three feet on an ongoing basis, e.g. a SmartMeter mounted on the external wall to a bedroom with the bed placed adjacent to that mounting next to the internal wall. That distance is estimated to be one foot. The CCST Report also states that SmartMeters will generally transmit data once every four hours, and once the grid is fully functional, may transmit "more frequently." It has been aptly demonstrated by computer modeling and real measurement of existing meters that SmartMeters emit frequencies almost continuously, day and night, seven days a week. Furthermore, it is not possible to program them to not operate at 100% of a duty cycle (continuously) and therefore it should not be possible to state that SmartMeters do not exceed the time-averaged exposure limit. Additionally, exposure is additive and consumers may have already increased their exposures to radiofrequency radiation in the home through the voluntary use of wireless devices such as cell and cordless phones, personal digital assistants (PDAs), routers for internet access, home security systems, wireless baby surveillance (baby monitors) and other emerging devices. It would be impossible to know how close a consumer might be to their limit, making safety a uncertainty with the installation of a mandatory SmartMeter.

This report will focus on the documented health risks of EMF in general, the relevance of that data to SmartMeters exposure, the established guidelines for RF safety to the public at large, and then provide recommendations to ameliorate the risk to the public's health.

Evidence-based Health Risks of EMFs

There is no scientific literature on the health risks of SmartMeters in particular as they are a new technology. However, there is a large body of research on the health risks of EMFs. Much of the data is concentrated on cell phone usage and as SmartMeters occupy the same energy spectrum as cell phones and depending on conditions, can exceed the whole body radiation exposure of cell phones (see Attachment B1, Figure 4). In terms of health risks, the causal factor under study is RF radiation whether it be from cell phones, Wi-Fi routers, cordless phones, or SmartMeters. Therefore all available, peer-reviewed, scientific research data can be extrapolated to apply to SmartMeters, taking into consideration the magnitude and the intensity of the exposure.

Since the mid-1990's the use of cellular and wireless devices has increased exponentially exposing the public to massively increased levels of RF. There is however, debate regarding the health risks posed to the public given these increased levels of radiation. It must be noted that there is little basic science funding for this type of research and it is largely funded by industry. An intriguing divide, noted by Genuis, 2011 is that most

research carried out by independent non-government or non-industry affiliated researchers suggests potentially serious effects from many non-ionizing radiation exposures; most research carried out by independent non-government or non-industry affiliated researchers suggests potentially serious effects from many non-ionizing radiation exposures research funded by industry and some governments seems to cast doubt on the potential for harm. Elements of the controversy stem from inability to replicate findings consistently in laboratory animal studies. However, analysis of many of the conflicting studies is not valid as the methodology used is not comparable. Despite this controversy, evidence is accumulating on the results of exposure to RF at non-thermal levels including increased permeability of the blood-brain barrier in the head (Eberhardt, 2008), harmful effects on sperm, double strand breaks in DNA which could lead to cancer genesis (Phillips, 2011), stress gene activation indicating an exposure to a toxin (Blank, 2011), and alterations in brain glucose metabolism (Volkow, 2011).

In terms of meta-analyzed epidemiological studies, all case-control epidemiological studies covering >10 years of cell phone use have reported an increased risk of brain tumors from the use of mobile phones (Hallberg, 2011). Other studies have pointed to an increasing risk of acoustic neuroma, salivary gland tumors, and eye cancer after several years of cell phone use and the tumors occur predominantly on the same side of the head as the phone is used. The analysis of brain cancer statistics since the mid 20th century in several countries reveals that brain tumor formation has a long latency time, an average of over 30 years to develop from initial damage.(Hallberg, 2011). Therefore using studies such as the Interphone Study which looked at shorter latency periods for the development of specific brain cancers will result in inconclusive data.

Another potential health risk related to EMF exposure, whose legitimacy as a phenomenon remains contentious, is electromagnetic hypersensitivity (EHS). In the 1950's, various centers in Eastern Europe began to describe and treat thousands of workers, generally employed in jobs involving microwave transmission. The afflicted individuals often presented with symptoms such as headaches, weakness, sleep disturbance, emotional instability, dizziness, memory impairment, fatigue, and heart palpitations. Clinical research to verify the physiological nature of this condition did not begin in earnest until the 1990's and found that the EMF involved was usually within the non-ionizing range of the electromagnetic spectrum. In the early 2000's, estimates of the occurrence of EHS began to swell with studies estimating the prevalence of this condition to be about 1.5% of the population of Sweden (Hilleert et al., 2002), 3.2% in California (Levallios et al., 2002), and 8% in Germany (infas Institut für angewandte Sozialwissenschaft GmbH, 2003).

In 2004, WHO declared EHS "a phenomenon where individuals experience adverse health effect while using or being in the vicinity of devices emanating electric, magnetic, or electromagnetic fields (EMFs)...Whatever its cause, EHS is a real and sometimes debilitating problem for the affected persons (Mild et al., 2004)."

Currently, research has demonstrated objective evidence to support the EHS diagnosis, defining pathophysiological mechanisms including immune dysregulation in vitro, with

increased production of selected cytokines and disruption and dysregulation of catecholamine physiology (Genuis, 2011).

Until recently, the diagnosis of EHS has not received much support from the medical community due to lack of objective evidence. In an effort to determine the legitimacy of EHS as a neurological disorder, however, a collection of scientists and physicians recently conducted a double-blinded research study that concluded that "EMF hypersensitivity can occur as a bona fide environmentally-inducible neurological syndrome (McCarty et al., 2011).

Safety Guidelines

The guidelines currently used by the FCC were adopted in 1996, are thermally based, and are believed to protect against injury that may be caused by acute exposures that result in tissue heating or electric shock. FCC guidelines have a much lower certainty of safety than standards. Meeting the current FCC guidelines only assures that one should not have heat damage from SmartMeter exposure. It says nothing about safety from the risk of many chronic diseases that the public is most concerned about such as cancer, miscarriage, birth defects, semen quality, autoimmune diseases, etc. Therefore, when it comes to nonthermal effects of RF, FCC guidelines are irrelevant and cannot be used for any claims of SmartMeter safety unless heat damage is involved (Li, 2011).

There are no current, relevant public safety standards for pulsed RF involving chronic exposure of the public, nor of sensitive populations, nor of people with metal and medical implants that can be affected both by localized heating and by electromagnetic interference (EMI) for medical wireless implanted devices. Many other countries (9) have significantly lower RF/MW exposure standards ranging from 0.001 to 50 $\mu\text{W}/\text{cm}^2$ as compared with the US guideline of 200-1000 $\mu\text{W}/\text{cm}^2$. Note that these recommended levels are considerably lower than the approximately 600 $\mu\text{W}/\text{cm}^2$. (time-averaged) allowed for the RFR from SmartMeters operating in the low 900 MHz band mandated by the FCC based on only thermal consideration.

In summary, there is no scientific data to determine if there is a safe RF exposure level regarding its non-thermal effects. The question for governmental agencies is that given the uncertainty of safety, the evidence of existing and potential harm, should we err on the side of safety and take the precautionary avoidance measures? The two unique features of SmartMeter exposure are: 1) universal exposure thus far because of mandatory installation ensuring that virtually every household is exposed; 2) involuntary exposure whether one has a SmartMeter on their home or not due to the already ubiquitous saturation of installation in Santa Cruz County. Governmental agencies for protecting public health and safety should be much more vigilant towards involuntary environmental exposures because governmental agencies are the only defense against such involuntary exposure. Examples of actions that the public might take to limit exposure to electromagnetic radiation can be found in Attachment B2.

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Figure 4 from Hirsch; 2011

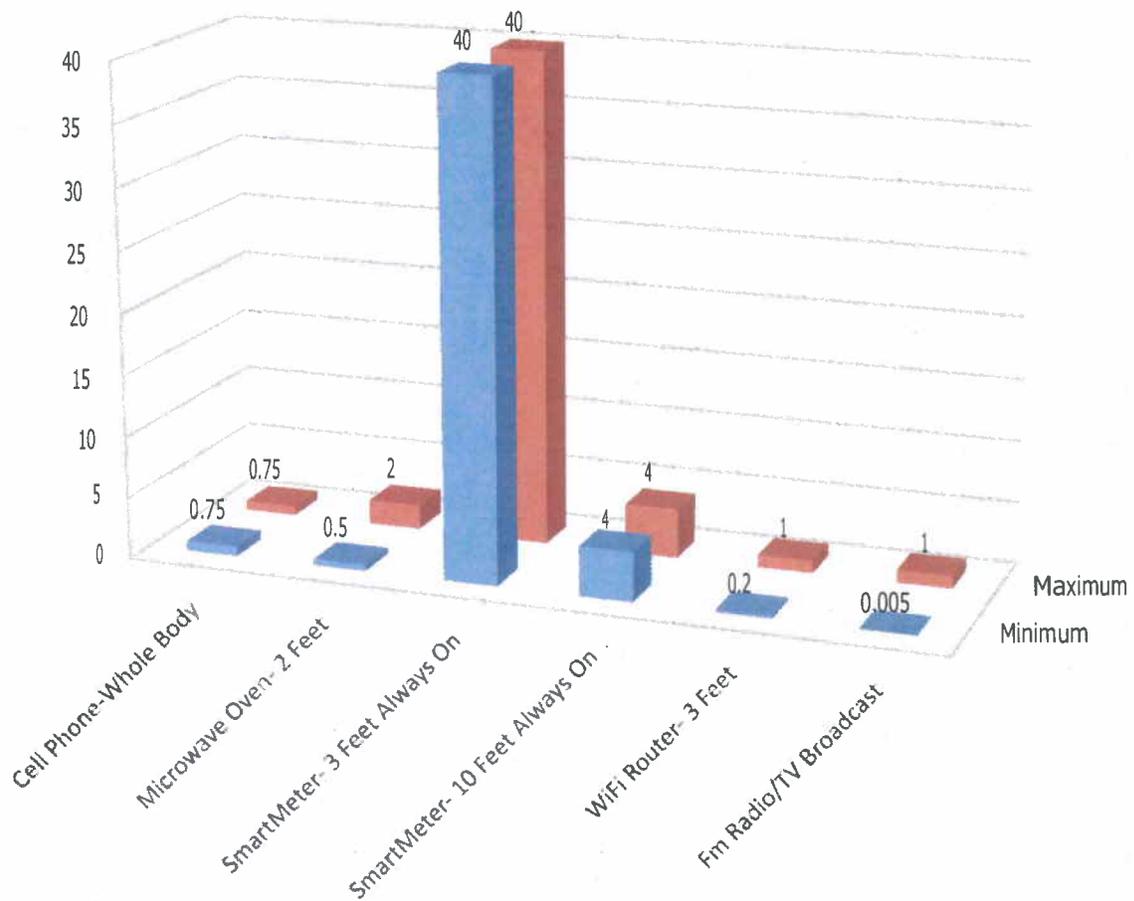


Figure 4. Comparison of Radio-Frequency Levels to the Whole Body from Various Sources in μ W/cm² over time [corrected for assumed duty cycle and whole body exposure extrapolated from EPRI/CCST SmartMeter estimated levels at 3 feet].

Examples of strategies to reduce electromagnetic radiation.

(Genuis SJ, 2011)

Sources of adverse EMR	Considerations to reduce EMR exposure
Cell phones and cordless phones	<ul style="list-style-type: none"> • Minimize use of cell and cordless phones and use speaker phones when possible • Leave cell or cordless phone away from the body rather than in pocket or attached at the hip.
Wireless internet	<ul style="list-style-type: none"> • Use wired internet • Turn off the internet router when not in use (e.g. night-time) • Use power line network kits to achieve internet access by using existing wiring and avoiding wireless emissions.
Computers releasing high EMR	<ul style="list-style-type: none"> • Limit the amount of time spent working on a computer • Avoid setting a laptop computer on the lap • Increase the distance from the transformer. • Stay a reasonable distance away from the computer
Handheld electronics (electric toothbrush, hair dryer, Smart phone, electronic tablets, etc.)	<ul style="list-style-type: none"> • Limit the use of electronics and/or revert to using power-free devices • Turn devices off before going to sleep • Minimize electronics in bedrooms
Fluorescent lights	<ul style="list-style-type: none"> • Consider using alternate lighting such as incandescent (Uncertainty exists about the safety of LED lights) • Rely on natural sunlight for reading
Household power	<ul style="list-style-type: none"> • Measure levels of EMR and modify exposures as possible • Avoid sleeping near sites of elevated EMR • Filters can be used to mitigate dirty power
High voltage power lines substations, transmission towers, and emitters (cell phone tower, radar, etc.)	<ul style="list-style-type: none"> • Consider relocating to an area not in close proximity to high voltage power lines • Maintain considerable distance from emitters • Consider forms of shielding (shielding paints; grounded metal sheets)
Utility neutral-to-ground bonded to water pipes	<ul style="list-style-type: none"> • Increase size of neutral-wire to substation and install dielectric coupling in water pipe.