STATE OF CONNECTICUT

SITING COUNCIL

Re:	The Connecticut Light and Power Company and)	Docket 272
	The United Illuminating Company Application for a)	
	Certificate of Environmental Compatibility and)	
	Public Need for the Construction of a New 345-kV)	
	Electric Transmission Line and Associated Facilities)	
	Between Scovill Rock Switching Station in)	
	Middletown and Norwalk Substation in Norwalk,)	
	Connecticut Including the Reconstruction of)	
	Portions of Existing 115-kV and 345-kV Electric)	
	Transmission Lines, the Construction of the Beseck)	
	Switching Station in Wallingford, East Devon)	
	Substation in Milford, and Singer Substation in)	
	Bridgeport, Modifications at Scovill Rock)	
	Switching Station and Norwalk Substation and the)	
	Reconfiguration of Certain Interconnections)	March 16, 2004

APPLICANTS' PRE-FILED DIRECT TESTIMONY CONCERNING POWER-FREQUENCY ELECTRIC AND MAGNETIC FIELDS

The Applicants, The Connecticut Light and Power Company and The United Illuminating Company, submit herewith their pre-filed direct testimony, consisting of the following:

A. Testimony

- 1. Philip Cole, M.D., Ph.D. (Dr. Cole is a physician and an epidemiologist.)
- 2. Stuart Aaronson, M.D. (Dr. Aaronson is a physician and a cancer biologist.)
- 3. Kathleen Shanley, The United Illuminating Company
 -andRobert E. Carberry, P.E., The Connecticut Light & Power Company
- 4. William H. Bailey, Ph.D., Exponent (Dr. Bailey is a research scientist)

B. Statements of Qualifications

In order to facilitate review of the testimony, the relevant biographical information for each of the witnesses is provided, in alphabetical order, in Part B of this filing, rather than appended to each witnesses' testimony. Part B also includes biographical information for Gary Johnson, P.E., of Exponent, to whom Dr. Bailey refers in his testimony.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Applicants' Pre-Filed Direct Testimony Concerning Power-Frequency Electric and Magnetic Fields has been mailed, postage prepaid on this 16th day of March, 2004 to the following:

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DIRECT TESTIMONY OF PHILIP COLE, M.D., Ph.D

- Q. What is your occupation, Dr. Cole?
- A. I am a professor emeritus of Epidemiology at the University of Alabama at Birmingham (UAB). Although I am now retired, I continue to teach and to conduct research at UAB. Also, I am engaged in consulting activities of several types.
- Q. What will your role be as a member of the panel of witnesses to be presented by the Companies with respect to electric and magnetic fields (EMF)?
- A. I understand that my primary role will be to respond to questions that members of the Siting Council, parties, and intervenors may have with respect to the science of epidemiology and the suggestion that exposure to power line magnetic fields may cause or promote human cancers, particularly childhood leukemia.
 - Q. What qualifications do you have to provide expert testimony on that subject?
- A. The curriculum vitae attached to this testimony describes my education, certifications and career. Briefly, I am a physician, and I hold a master's degree and a doctorate in Epidemiology from Harvard University and am Board Certified in Preventive Medicine. I regularly teach in the area of general epidemiology and cancer epidemiology (the study of the causes of cancer in man). I have published nearly 200 articles primarily relating to cancer epidemiology and in the peer-reviewed literature.
 - Q. What is the School of Public Health of the UAB?
- A. It is one of 26 accredited schools of public health in the United States. It is solely a graduate school, which trains professionals in the public health field. The school awards masters' and doctoral degrees in various sciences that are related to public health.

- Q. What positions did you hold at the University before your retirement?
- A. I was Professor and Chairman of Epidemiology at the School of Public Health and Associate Director for Epidemiology at the University's Comprehensive Cancer Center.
- Q. What were your responsibilities as Associate Director for Epidemiology at the University's Comprehensive Cancer Center?
 - A. To develop and oversee a program of research into the causes of cancer in human beings.
 - Q. Have you published any of your research on epidemiology in scientific journals?
- A. Yes. I have published nearly 200 articles in major medical journals, such as the New England Journal of Medicine, the Journal of the American Medical Association, and the Lancet; and in virtually all of the epidemiology and public health journals.
 - Q. Has any of your work involved EMF?
- A. Yes. The health effects of electric and magnetic fields has been one of my research interests.
- Q. When did you start investigating the question whether EMF may cause cancer in humans?
 - A. In 1986.
- Q. Would you please briefly summarize your opinion, based on your education, training, and experience, particularly your research work and your review of the literature, with respect to the suggestion that exposure to the electric or magnetic fields (EMF) associated with electric power transmission may cause cancers in humans, particularly childhood leukemia?
- A. My opinion is that the available evidence does not support the view that magnetic fields from power lines cause cancer, including childhood leukemia.

Q. What is the basis for that opinion?

A. The question of EMF as a possible cause of cancer in human beings has been investigated by epidemiologists in more than 150 studies, now spanning 25 years. There also have been hundreds of animal and molecular studies reported. In addition, innumerable reviews of the question have been prepared both by academic and regulatory bodies.

Despite this extensive research, EMF is not considered to be a human carcinogen. No scientific or regulatory body, including the International Agency for Research on Cancer (IARC), the cancer research arm of the World Health Organization, has categorized EMF as a carcinogen for human beings. There is no precedent for an agent that has received such intense investigation and that has failed to be recognized as a carcinogen – subsequently to become so recognized.

Q. What is epidemiology?

A. Epidemiology is a branch of science that seeks to identify the causes of diseases in human beings by studying human beings. Epidemiologic studies report results in the form of statistical associations. The term "statistical association" is used to describe the tendency of two things to be linked or to vary in the same way, such as higher level of exposure and increased occurrence of disease. If a statistical association between a factor under study and an increased occurrence of disease is documented, epidemiologists will then seek to determine if the association is one of cause and effect.

Q. What are the strengths of epidemiology as a means of identifying the causes of disease in humans?

A. The major strength is that it epidemiology is based on observations of people in their natural environments, as they go about their daily lives, so that you seem them as they actually live with the many possible causes of disease interacting. It provides a means by which we can learn something about the causes of diseases of people, rather than of-to animals.

Q. What are the limitations of epidemiological studies?

A. Because you are studying people in their natural circumstances, you have no control over the situation as an experimentalist does in the laboratory. You cannot monitor or control the exposure. You can not keep your subjects, i.e. people, from exposing themselves to possible causes of the disease of interest other than the suspect cause you are studying. Also, people are essentially infinitely variable. All this is in contrast to the experimental situation where all the animals are bred the same, they are all treated the same, and half get the suspect cause and half do not. In epidemiology, the investigator is not at all in control of the situation and so must work very hard to allow a pattern to emerge from the observations made.

Q. Can you give us an example of a statistical association that is strong, but not causal?

A. Yes. There is a very strong association between roosters crowing shortly before sunrise and the rise of the sun. But the rooster's crow does not cause the sun to rise. Similarly, there is a strong association between high alcohol consumption and lung cancer. But high alcohol consumption does not cause lung cancer; it just so happens that heavy drinkers are over-represented among smokers, as compared to those who drink lightly or not at all and, on the basis of their smoking, are at increased risk of cancer.

Q. How does an epidemiologist go about evaluating a body of epidemiological research?

A. The first step is to gather all the relevant studies and evaluate each study according to certain criteria. First, we look to see if the design of the study is sufficiently rigorous to rule out bias, by which we mean not prejudice, but a systematic error in the study.

The next step is to consider whether the study design is subject to "confounding" - that is, whether the investigator thought he was studying one thing, but was actually studying something else.

An investigator who thought he was studying the health effects of alcohol consumption-but was actually seeing the effects of smoking would be an example.

Finally, one has to consider the possibility that an association that is found in even a well designed study may be due simply to chance.

Unfortunately, it is much more difficult to detect these flaws in actual studies than in the examples I have given.

Q. How do epidemiologists determine whether associations that are documented by individual studies are causal?

- A. These determinations are made by evaluating multiple studies of the same suspected risk factor, and evaluating the data by standard criteria. These criteria are called the Hill Criteria, named for their originator, Sir Austin Bradford Hill, who was one of the first scientists to determine that smoking causes lung cancer.
 - Strength of association. The strength of association is described as a "risk ratio" or as an "SMR." For instance, the SMR for lung cancer among smokers is at least 1000. That means that people who smoke are ten times more likely to have lung cancer than people who do not. An SMR of 100-means that there is no difference in the risk of disease in the exposed versus the non-exposed group. An SMR in the range 100-200
 - Dose response. Does the risk go up as the exposure increases? For instance, cigarette
 smoking shows a very significant dose response. The more a smoker smokes, the more
 likely he is to develop-lung cancer.
 - Consistency of Association. If all of the investigators who investigate a particular
 question find essentially the same thing, there is very good consistency across the studies.
 Again, by way of example, ever since epidemiologists first started studying lung cancer

and smoking in the 1950's, there was very strong consistency in the studies. All the well conducted and well designed studies found essentially the same thing – a very strong association.

- Specificity Does the exposure under investigation tend to produce a narrow spectrum of
 diseases? Cancer is not a single disease, but many different diseases, and different
 diseases tend to have different specific causes. For instance, cigarette smoking does not
 seem to cause skin cancer and exposure to sunlight does not seem to cause lung cancer.
- Biological Plausibility Is there some biological mechanism that we would find
 plausible that could explain how the exposure could cause the disease under study. As
 applied to cancer, that generally means a plausible biological mechanism at the cellular or
 subcellular level.
- *Temporal relationship* This simply means that the exposure under study came before the disease under study. This will almost always be the case.
- Q. Do all of these criteria have to be satisfied in order to make a determination that an association is real and causal?
- A. No, the evaluation is a matter of judgment. The only factor that absolutely has to be satisfied is temporal relationship. The effect can not precede the cause. But there can be no judgment of causality unless at least most of the criteria are satisfied very definitely. For instance, there was some question at first whether the causation of lung cancer by cigarette smoking was biologically plausible. On the one hand, the smoke was clearly directed to the lungs, and caused a variety of known physiological changes in the body. But on the other, the specific causal mechanism by which smoking causes cancer was not known. But the strength of the other evidence provided the basis for a judgment of causality even though a plausible causal mechanism was uncertain. The SMRs were among the

highest ever seen, the studies were extremely consistent, and the dose response remarkably powerful. In addition, the "ecological" evidence was strong. Before manufactured cigarettes were developed and mass marketed, lung cancer was an extremely rare disease. It became widespread about thirty years after the habit of cigarette smoking became widespread.

- Q. How do the Hill criteria apply to the studies of exposure to EMF and cancer?
- A. As all of the national and international multi-disciplinary scientific bodies who have evaluated the literature have concluded, the studies do not provide a basis for concluding that there is any causal association and it is doubtful that they establish any real association at all. Where an association is found, it is always a very weak one. There is no indication of dose response. There is inconsistency in the results both across studies and within individual studies. The associations claimed for EMF are not specific; to the contrary, they include many different cancers and may other adverse outcomes. In spite of a great deal of work in recent years, no biologically plausible mechanism by which power line EMF could cause cancer, particularly leukemia, has been found. Another member of this panel, Dr. Stuart Aaronson, who is a cancer biologist, will answer questions that deal with that specific subject.
- Q. It has been suggested that there might be a parallel between smoking and lung cancer and EMF and power lines, in that it took a long time before the suspected causal link between smoking and lung cancer was proven, and the same might be true for power lines and EMF. Do you believe that to be the case?
- A. No, not at all. In the case of smoking and lung cancer, the epidemiological evidence was so convincing, even without an identified biological mechanism of causation, that all but a few scientists were convinced within five to ten years after the first studies were published that cigarette smoking caused lung cancer. There was no true scientific "controversy," but rather a strong scientific consensus.

By contrast, with respect to EMF and power line magnetic fields, there is a strong scientific consensus that no causal relationship has been found, in spite of hundreds of epidemiologic and possibly thousands of other types of biomedical studies have conducted over a 25 year period. Indeed, as I said earlier in this testimony, there is no precedent for an agent that has received such intense investigation and that has failed to be recognized as a carcinogen – subsequently to become so recognized.

- Q. Does this conclude your testimony?
- A. Yes.

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DIRECT TESTIMONY OF STUART AARONSON, M.D.

Q. What is your occupation?

A. I am a physician employed by the Mount Sinai School of Medicine, where I am the Jane B. and Jack R. Aron Professor and Director of the Derald H. Ruttenberg Cancer Center.

Q. Please describe your duties and activities in those positions.

A. I am head of a research department focused on understanding of the causes of cancer with the goals of developing better approaches to prevention and treatment of this disease. I am responsible for hiring faculty members and am involved in strategic planning of Mount Sinai's cancer initiatives. In addition, I have my own research group, which studies molecular alterations and signaling pathways involved in cancer.

Q. Please describe your prior work experience?

A. My work history, education, publications, and other information are fully stated in the curriculum vitae submitted as part of this testimony. Briefly, I became Chief, Laboratory of Cellular and Molecular Biology in the National Cancer Institute in 1977. My laboratory at the NCI made critical discoveries concerning the molecular basis of cancer. Specifically, we were involved in the discovery of the first normal function of a cancer gene (oncogene), the identification of oncogenes of human cancers, and the discovery of important signaling molecules involved in normal cell proliferation and differentiation. We identified a number of molecular mechanisms, which activate cellular genes to become oncogenes.

I was recruited in 1993 to be Director of the Ruttenberg Cancer Center at Mount Sinai, where I have been involved in building a nationally recognized cancer program. I am responsible for hiring faculty members, developing disease focused multidisciplinary cancer research efforts, and serving as a

senior academic leader within the Mount Sinai School of Medicine. I have my own grant-supported research program as well. This program involves investigation of cancer genes and the signaling pathways in which they act as well as the multistep process of carcinogenesis. In the course of my work, I train graduate and medical school students as well as postdoctoral investigators in the area of cancer biology. I have published over 520 articles primarily related to cancer and have more than 50 patents or patent applications arising from my discoveries, one of which has led to an approved drug with others at different stages of clinical development.

Q. What affiliations do you have with professional organizations and associations?

A. I am presently a member of the American Association for Cancer

Research, and serve as a member of its Public Relations and Communications Committee. I also serve as a Member of the National Neurofibromatosis Foundation Research Advisory Board. I am an Associate

Editor or Editorial Board member of a large number of cancer focused scientific journals. These include

Cancer Research, Oncogene, International Journal of Cancer, and Cancer and Metastasis Reviews. I

serve on the Scientific Advisory Boards of the Kimmel Cancer Center, Thomas Jefferson University,

and the Georgetown University Breast Cancer Specialized Program of Research Excellence (SPORE). I

have previously served as organizer of a number of scientific meetings including the Princess Takamatsu

Symposium. I have served as an elected officer of scientific societies including Councilor of the Society

for Experimental Biology and Medicine and President of the Harvey Society.

Q. Are you familiar with the research on the question whether power frequency electric and magnetic fields (EMF) may cause cancer?

A. I have followed this field for a number of years, although I have not published in it.

Specifically, I have reviewed the literature related to efforts to study whether power frequency EMF

may initiate and/or promote cancer by methods that have been utilized to test other environmental agents.

Q. Would you please summarize your opinion, based on your education, training, and experience, particularly your research work and your review of the literature, with respect to the suggestion that exposure to EMF associated with electric power transmission may cause cancers in humans?

A. There has been an extensive assessment of the possibility that exposure to power electric and magnetic frequency fields could be associated with an increased risk of cancer. From my review of this literature including the reports of nationally constituted scientific review groups, I conclude that there is no convincing or consistent evidence that power lines pose a cancer risk.

- Q. What do you refer to as "power frequency" electric and magnetic fields?
- A. The "frequency" of electromagnetic energy is expressed is hertz (Hz), which is a measure of the rapidity at which the field varies. Electric and magnetic fields do not vary at 0 Hz. The fields associated with alternating current (AC) electric power transmission are 60-Hz (50-Hz in Europe), which means that they oscillate 60 times per second. This frequency is in the Extremely Low Frequency portion of the electromagnetic spectrum. Toward the top of the spectrum, where we find ultraviolet radiation and X-rays, the frequencies are much higher. For instance, the frequency of X-rays is about 1 billion billion Hz.

O. What is cancer?

A. Cancer is a term used to describe many different diseases, all of which involve uncontrolled cell growth.

Q. How is cancer caused?

A. Cancer is caused by alterations in DNA, the hereditary (genetic) structure of a cell.

DNA is organized into units termed chromosomes, which contain double stranded helical coiled DNA with associated proteins. The human cell contains 46 chromosomes. Within our chromosomes is the information for specific units termed genes. Each gene directs the production of a messenger RNA, which encodes a single protein. Individual proteins are the building blocks responsible for carrying out all of the cell's normal functions.

Cells are constantly replicating themselves. In the course of this process, mutations can occur spontaneously, due to errors in normal DNA replication. Fortunately, in most cases, these alterations of DNA do not lead to cancer. However, mutations that alter the functions of certain genes can be sufficient to initiate a cancer. These genes are called *oncogenes* and *tumor suppressor genes*.

Oncogenes greatly accelerate the rate of cell division. Tumor suppressor genes act as brakes on abnormal growth. But that brake function can be inactivated by mutation. In many cancer models, mutations of both oncogenes (creating an abnormal acceleration of cell growth) and of tumor suppressor genes (inactivating the brake on abnormal cell growth) are believed to be required.

Another mechanism by which genetic alterations can initiate cancer is through the insertion of tumor viruses into the DNA. These viruses themselves encode proteins that inactivate the functions of specific tumor suppressor genes or act as oncogenes.

Q. What is a carcinogen?

A. The genetic changes that characterize cancer can be spontaneous, or can be induced by an agent. Agents that are capable of inducing genetic changes that can cause cancer are called "carcinogens." If the agent can cause changes that can lead to a cancer in the absence of any other exposure to carcinogens, it is called a "complete carcinogen."

There are also agents that are not complete carcinogens, but will act on cells that have already been genetically damaged to produce cancer. Such an agent is said to be a "promoter" of cancer. Promoters do not directly damage DNA, but instead indirectly bring about further genetic change by such means as causing increased cell proliferation (thus accelerating the occurrence of spontaneous mutations) or by inhibiting cell functions, such as those involved in the normal repair of DNA damage.

- Q. Can exposures to power frequency EMF directly damage DNA?
- A. It is generally accepted that the energy in power frequency EMF is insufficient to cause changes in the chemical structure of DNA.
- Q. What experimental information is available about any potential link between EMF and cancer?
- A. There have been many laboratory studies aimed at assessing whether power frequency EMF could cause or in some manner promote the development of cancer. The laboratory assessment of the carcinogenicity of EMF, as that for any other suspected carcinogen, has involved both long term studies in which whole animals are chronically exposed to EMF, and studies of cancer-related changes in genes or other cellular processes observed in isolated cells. The traditional term for the whole animal studies is *in vivo*, Latin for "in life, or alive." Since isolated cells are traditionally studied in a culture contained in a glass vessel, and the type of test is called *in vitro* ("in glass").
- Q. What kind of whole animal studies have been performed to assess a possible link between EMF and cancer?
- A. There have been several large, well conducted long term studies (called bioassays) in which laboratory mice and rats have been chronically exposed to very high doses of 60-Hz EMF for long periods, in some cases for almost their entire lifetimes. These types of studies have a proven record for predicting the carcinogenicity of chemicals, physical agents, and other suspected cancer-causing

agents. Typically, one group of animals is exposed to a controlled, high 60-Hz magnetic field and another group of the same size is not so exposed. Any animals that die during the experiment are autopsied, and at the conclusion of a predetermined time, all remaining animals are sacrificed and autopsied. Tumors are carefully noted by type and number and the tumor incidence between the two groups is compared.

Such experiments have been performed with animals that are in normal health at the beginning of the experiment; with animals that have been bred to be particularly susceptible to cancer; and with animals that have been administered a known carcinogen. Thus, the *in vivo* tests were designed both to assess the potential of EMF as a complete carcinogen and as a promoter of cancer. The controlled exposures were to fields ranging from 1 to over 1,000 microtesla; that is, from 10 to over 10,000 milligauss.

Q. What have the results of these whole animal experiments been?

A. The whole animal experiments are overwhelmingly negative. As a whole, they provide no consistent or convincing evidence of any relationship between EMF and cancer, including brain cancer, breast cancer and leukemia.

Q. What kinds of *in vitro* laboratory studies have been conducted to examine whether power frequency EMF might cause or promote cancer?

A. A great many studies of different types have been performed. some of these studies have looked for evidence that power frequency EMF is "genotoxic," that is, that it damages DNA directly; others have looked for evidence that EMF promotes the development of cancer.

- Q. Please first describe the studies that have looked for evidence that power frequency EMF is genotoxic.
- A. Because of the very substantial funding until recently available through the federal RAPID research program, this literature is massive. These studies involve controlled exposures normal cells to EMF, in various controlled environments, and then examining them for evidence of damage, such as cell transformations, chromosome aberrations, the breaking and rejoining of chromosomes, detached pieces of chromosomes, and DNA strand breaks. The field intensities used in these experiments ranged from less than 1 microtesla (or 10 milligauss) to more than 1,000 microtesla (or 10,000 milligauss).
- Q. Please describe the results of these studies of the possible genotoxicity of power frequency EMF.
- A. These assays are overwhelming negative. Of the few studies that do report evidence for genotoxicity, most contain a mixture of positive and negative results, or ambiguous results, and none of them have been replicated. They provide no basis for concluding that power frequency EMF is genotoxic.
- Q. Please describe the *in vitro* studies that have investigated whether power frequency magnetic fields are cancer promoters?
- A. There have been a great many laboratory experiments aimed at assessing possible biologic effects of power frequency fields that might conceivably cause them to act as cancer promoters or to enhance the effectiveness of genotoxic agents. Thus, experiments have been performed to test whether such fields inhibit programmed cell death or DNA repair, affect cell proliferation or differentiation, or affect gene expression or enzyme activity. Like the whole animal studies, the cell

studies have produced no consistent or convincing evidence that power frequency electric or magnetic fields promote the development of cancer.

- Q. Please describe laboratory studies that have specifically power frequency magnetic fields and leukemia.
- A. Numerous laboratory studies have examined the relationship of exposure to power frequency magnetic fields and the initiation or promotion of leukemia. Near life long exposure to magnetic fields does not increase the risk of leukemia or lymphoma in animals. Mice with a hereditary predisposition to leukemia and rats exposed to ionizing radiation or transplanted leukemia cells do not develop leukemia sooner or a more severe form of the disease when exposed to magnetic fields.
- Q. Would you summarize the conclusions you have drawn from your review of the literature regarding the risk of cancer from power lines?
- A. Based on my assessment of the published literature, including the reports of nationally constituted scientific review groups, there is no convincing or consistent evidence that power lines pose a cancer risk.
 - Q. Does this conclude your testimony?
 - A. Yes.

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DIRECT TESTIMONY OF KATHLEEN SHANLEY AND ROBERT CARBERRY CONCERNING POWER-FREQUENCY ELECTRIC AND MAGNETIC FIELDS

- Q. Would you please identify yourself and the other members of the panel who will respond to cross examination?
- A. We are Kathleen Shanley, employed by The United Illuminating Company ("UI") as Process Leader of Environmental, Safety and Real Estate and Robert Carberry from Northeast Utilities ("NU"), Project Director for the Bethel to Norwalk Transmission Project. Other UI employees and NU employees may also be called upon to respond to questions that may require knowledge of specific topics.
 - Q. Ms. Shanley and Mr. Carberry, what is the purpose of your testimony?
- A. The purpose of our testimony is to summarize the activities, policies, and efforts of UI and The Connecticut Light & Power Company ("CL&P") (collectively, the "Companies") to address their customers' concerns regarding electric and magnetic fields ("EMF"). We are submitting joint testimony. Ms. Shanley is the witness with respect to UI-specific information and Mr. Carberry is the witness with respect to CL&P-specific issues. Both of us will testify with respect to general matters that are common to our experience.
 - Q. Please describe your responsibilities with respect to EMF.
- A. (Ms. Shanley) I am the primary contact with UI's customers who have concerns regarding EMF. For example, if UI's Client Relations Center receives a call from a customer regarding EMF, the UI representative directs the customer's call to me. I will then speak with the customer and answer the customer's questions. Additionally, I have conducted periodic educational classes for the Client Relations Center representatives so they can properly identify a call concerning EMF and know that such calls should be directed to me. Periodically, I am asked to speak before business,

neighborhood or social organizations in order to explain electric and magnetic fields and their relationship with AC power lines or devices supplied with AC electricity. I have conducted many spot measurements of magnetic fields on customer property and have directed others within UI to conduct similar measurements for customers. Since 1990, I have represented UI on various task forces concerning EMF such as the Edison Electric Institute's ("EEI") EMF Task Force, advised the Electric Power Research Institute ("EPRI") on areas of research to solicit proposals from scientists and engineers and universities and research organizations, and attended numerous seminars and meetings sponsored by EEI, EPRI and other organizations to keep informed of developments. I have represented the United States on the EMF issue at international meetings of the electric utility industry. I have served as UI's expert on EMF, as a witness and measurements reporter for Connecticut Siting Council proceedings, as an advisor to the Connecticut Interagency EMF Task Force, and a communicator on EMF issues for UI with legislators, the media, customers, employees and external organizations.

A. (Mr. Carberry) Until I took my present position managing the Bethel-Norwalk

Transmission Project, I led NU's EMF Task Force and the development and implementation of NU's

EMF policies. In fulfilling this responsibility, I served on EEI's EMF Task Force, provided local

assistance to EPRI contractors performing EMF research and attended numerous seminars and meetings

sponsored by EEI, EPRI and other organizations to keep informed of developments. I have served since

1975 as NU's transmission engineering expert on EMF, as a witness and measurements reporter for

Siting Council proceedings and for litigation, as an advisor to the Connecticut Interagency EMF Task

Force, and a communicator on EMF issues for NU with legislators, the media, customers, employees

and external organizations. Like Ms. Shanley, I have spoken with and provided information resources to

many customers who have called CL&P with EMF questions, and I have conducted many spot

measurements of magnetic fields on customer properties. Members of NU's EMF Task Force have also responded to customer questions and have made measurements for customers under my direction.

- Q. Do the Companies follow the Council's Electric and Magnetic Field Best

 Management Practices in designing new electric transmission lines?
- A. Yes. Each Company's transmission and substation projects comply with the Connecticut Siting Council's Electric and Magnetic Field Best Management Practices and the prevailing standards regarding EMF in the electric industry.

Specifically, the Companies incorporate into the design of new construction practical ways to reduce exposure to EMF (provided that the measures are consistent with environmental, safety, and engineering factors). These measures might include the installation of taller poles, closer spacings between wires, optimal phasings of the conductors in closely parallel lines, and longer distances from equipment or increased buffer space in the case of substations. Design alternatives are modeled in order to optimize magnetic field reductions, while balancing the relevant environmental, safety and engineering factors. Measurements are taken prior to and after construction using a uniform measurement protocol.

Q. Is EMF a concern to the Companies?

A. Because EMF issues are a concern to some of our customers, it is a concern to us.

Additionally, the safety of our employees who work near electric lines and equipment is very important to the Companies, and therefore we monitor developments on the issue. We address our customers' concerns and questions diligently. We keep aware of developments in the scientific literature, particularly major agency review efforts.

- Q. What types of efforts do the Companies undertake to address the concerns of their customers about EMF?
- A. Generally, since the early 1980's, the Companies have undertaken various activities regarding EMF, including distribution of information, the taking of magnetic field measurements, support of research, and project siting and design.

First, the Companies make certain that their customers have access to information concerning EMF. The Companies have asked a scientist with expertise in EMF to address specific questions regarding EMF and health at public meetings and open houses. The Companies believe these educational efforts will provide the foundation for informed decisions by our customers, and the Companies are committed to this effort.

In addition to our personal efforts to answer customer questions, the Companies refer customers to sources where additional information concerning EMF can be obtained. These sources include, among others, the National Institute of Environmental Health Sciences ("NIEHS"), the International Agency for Research on Cancer, the International EMF Project of the World Health Organization, Connecticut's Interagency Task Force on Electric and Magnetic Fields, and the State of Connecticut Department of Public Health. Both Companies make available specific, current information on EMF from many sources to customers and employees interested in furthering their understanding of the issue.

As noted above, UI and CL&P each have employees with responsibility for following the EMF issue. Both Companies have created internal EMF task forces that are responsible for monitoring developments, providing information, responding to customer and employee questions, and recommending actions to company management. Both Companies have employees who have served on national and state advisory boards on EMF, attended numerous seminars and other meetings sponsored

by EEI, EPRI and other organizations to keep informed on developments and have offered testimony on a national and state level.

Second, as part of the Companies' public information efforts, representatives from each Company take measurements of magnetic fields for customers and employees upon request. We have visited dozens of homes, businesses and other locations and have conducted numerous magnetic field readings. The Companies believe that customers should be provided with as much information concerning electric and magnetic fields in their environment as they wish to receive so they can understand the sources of EMF in their environment and, if they choose, help them to learn how to manage their exposure where possible.

Third, the Companies have supported, and continue to support, independent research on EMF. For example, we contributed to the national EMF RAPID program during the 1990's and have long supported the work of scientists at universities and other research institutions through contributions to EPRI's EMF research program. The topics of research have included field management, source characterization, exposure assessment, residential and occupational epidemiology, and laboratory studies.

Finally, the Companies have responded to concerns of their customers by incorporating into the design of new construction practical and prudent ways to reduce exposure to EMF (consistent with environmental, safety, and engineering factors). These measures might include the installation of taller poles, closer spacings between wires, optimal phasing of the conductors in closely parallel lines, and longer distances from equipment or increased buffer space in the case of substations. Each Company's new transmission and substation projects comply with the Connecticut Siting Council's Electric and Magnetic Field Best Management Practices and the prevailing standards regarding EMF in the electric industry.

UI and CL&P endeavor to deliver electricity to our customers safely, reliably, and in an environmentally sound and responsible manner at a reasonable cost. The question of the possibility of health effects from EMF exposure continues to be followed closely by the Companies. This enables us to respond to our customers and employees and to monitor design considerations as well.

Q. Have the Companies designed the Project in a way that manages EMF exposure?

A. Yes. As set forth in the testimony of Dr. William Bailey, the Companies have applied several design and siting measures to manage field levels and exposures associated with the Project. As Dr. Bailey notes, this includes the Companies' offer to work with organizations with property or buildings next to the proposed route where children or other special groups might congregate, to reduce field levels outside the right-of-way. Specifically, the Companies have listened to the concerns of community members at meetings and hearings and are actively studying the possibility of relocating several transmission poles to increase the distance from the transmission conductors to existing buildings and/or increasing the height of the poles or making other changes to the configurations of existing and proposed lines in order to mitigate EMF exposures.

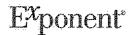
Q. Do the Companies take similar actions with respect to requests from individual customers?

A. Yes. The Companies consider requests from customers for information as to how they could mitigate the EMF at their home or business. While the Companies do not frequently receive such requests, they endeavor to provide information that would be useful to the customer.

Q. Does this conclude your testimony?

A. Yes.

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Pre-Filed Testimony of Dr. William H. Bailey Middletown-Norwalk Transmission Project

Q. What is your name and business address?

A. My name is William H. Bailey. My business address is Exponent[®], 420 Lexington Avenue, Suite 408, New York, NY 10170.

Project Role and Testimony

Q. What is Exponent's role in this project?

A. We are providing consulting services to Connecticut Light and Power and The United Illuminating Company (CL&P/UI) relating to 60-Hertz electric and magnetic fields (EMF). For the Application to the Connecticut Siting Council (CSC), we projected the effect of the operation of the proposed and existing transmission lines on EMF levels along proposed and alternative routes based on calculations (Exponent, 2003¹). We recently updated these values based upon updated modeling of system load flows provided by the companies **Exhibit A²**. We also have provided an overview of current research on EMF and health and assisted CL&P/UI in complying with the CSC's Electric and Magnetic Fields Best Management Practices. In addition, we have assisted the Companies in responding to data requests relating to EMF.

Q. What is the purpose of your testimony?

A. The purpose of my testimony is to summarize Exponent's projections on the effect of the operation of the proposed Middletown-Norwalk transmission line on 60-Hz electric and magnetic field (EMF) levels. I will also summarize our evaluation and review those of multidisciplinary organizations that have evaluated current scientific research on EMF and health, which are contained in our report (Exponent, 2003).

I also will provide additional commentary on issues that have concerned some members of the public.

[&]quot;Electric and Magnetic Field Assessment: Middletown-Norwalk Transmission Reinforcement". Exponent, October 3, 2003 in Volume 6 of the <u>Application to the Connecticut Siting Council for a Certificate of Environmental Compatibility and Public Need for a 345-kV Electric Transmission Facility and Associated Facilities.</u>

Excerpted from Letter from A. Bartosewicz and J. J. Prete to Pamela B. Katz dated March 15, 2004.

Training and Experience

Q. What is your position at Exponent?

- A. I am a Principal Scientist and Director of Exponent's New York office.
- Q. Please describe your current responsibilities and professional experience.
- A. Exponent, Inc. is a research and consulting firm engaged in a broad spectrum of activities in science and technology. I work primarily in the practices that specialize in exposure assessment and health sciences. My work involves reviewing, analyzing, and conducting research. One of the areas in which I have done a great deal of work over the past 20 years relates to potential biological and health effects of electrical facilities, such as transmission lines, substations, and electrified railroad lines.

Q. Please summarize your academic appointments.

A. Since 1986, I have been a visiting research scientist at the Cornell University Medical College. I also have been a visiting lecturer at Rutgers University, the University of Texas (San Antonio), and the Harvard School of Public Health. From 1983-1987, I was head of the Laboratory of Neuropharmacology and Environmental Toxicology at the New York State Institute for Basic Research. For the nine previous years, I was an Assistant Professor and Postdoctoral Fellow in Neurochemistry at The Rockefeller University.

Q. Please outline your scientific and research experience concerning electric and magnetic fields.

A. I have studied and conducted research on EMF for the past 20 years. My research has included exposure assessment, laboratory studies, and epidemiological studies concerning alternating current (AC) electric and magnetic fields, studies on direct current (DC) electric fields, and air ions.

Q. What are electric and magnetic fields?

A. Electric and magnetic fields associated with the operation of AC power lines or devices supplied with AC electricity are often referred to as EMF. These fields may be imagined as invisible lines of force in space near their electrical source. The voltage, which is the "pressure," produces an electric field that moves the electricity through wires. The standard unit for measuring the strength of an electric field is "volts per meter," abbreviated as V/m. The current produces a magnetic field, which is a measure of how much electricity is flowing. The unit in which magnetic field levels are measured is "milligauss," abbreviated as mG. Electric and magnetic fields are characterized by the frequency at which their direction and magnitude oscillate each second. The fields produced by the use of electricity oscillate at a frequency of 60 cycles-per-second (60-Hertz).

- Q. Have you served as a reviewer and scientific policy advisor on health-related issues for state and federal agencies or scientific organizations?
- A. Yes. I have reviewed research for the National Institutes of Health, the National Science Foundation, and other government agencies. Concerning transmission lines in particular, I served on a Scientific Advisory Panel convened by the Minnesota Environmental Quality Board to review health aspects of a high voltage transmission line. I also served as a consultant to the Vermont Department of Public Service, the New York State Department of Environmental Conservation, and staffs of the Maryland Public Service Commission and the Maryland Department of Natural Resources on transmission line issues.

I have worked with the National Institute of Occupational Health and Safety, the Oak Ridge National Laboratories, the U.S. Department of Energy, and the Federal Railroad Administration to review and evaluate health issues related to electric and magnetic fields from other sources. I also assisted the U.S. EMF Research and Policy Information Dissemination Program (RAPID) to evaluate biological and exposure research as part of its overall risk assessment process.

Most recently, I worked with other scientists from 10 countries to evaluate possible hazards from exposures to static and extremely low frequency (ELF) electric and magnetic fields for the International Agency for Research in Cancer (IARC), a division of the World Health Organization in Lyon, France (IARC, 2002).

- Q. Have you presented the results of your research in this and other areas to the scientific community?
- A. Yes. I have published or presented more than 50 scientific papers on this and related subjects.
- Q. Are you a member of any professional organizations?
- A. I am a member of The Rockefeller University Chapter of Sigma Xi, a national scientific honor society; the Health Physics Society; the International Committee on Electromagnetic Safety, Subcommittees 3 and 4 Safety Levels with Respect to Human Exposure to Fields; the Bioelectromagnetics Society; the IEEE Power Engineering Society Field Effects Guide Design Task Force; the IEEE Engineering in Medicine and Biology Society; the American Association for the Advancement of Science; the New York Academy of Sciences; the Society for Neuroscience; the Air & Waste Management Association; and the Society for Risk Analysis.
- Q. Are your educational and professional experience summarized elsewhere?
- A. Yes. Additional details of my educational and professional experience are summarized in my curriculum vitae, which is filed with this testimony.

Q. Have you ever appeared as a witness before regulatory agencies?

A. Yes. I have testified before public utility commissions in Vermont and Maryland as an independent expert witness engaged by these commissions. I have also testified before public utility commissions and siting boards in Arizona, Arkansas, Connecticut, Illinois, Massachusetts, Rhode Island, and Pennsylvania as an independent expert witness engaged by a party.

Project EMF and their Relation to Safety Standards and Guidance for Siting Transmission Lines

Q. What are typical sources of 60-Hz electric and magnetic fields?

A. Typical sources of these fields include power lines (both transmission and distribution lines), home and office appliances, tools, building wiring, and electric currents flowing on water pipes. The importance of these sources to overall exposure varies considerably. For example, if a residence is very close to a transmission line, or even a distribution line (which runs near most everyone's residence), these could be the dominant, but not necessarily the only, sources of magnetic fields in the home.

Depending on the circumstances, other sources may be of equal or greater importance than power lines. For example, a random survey of 1,000 residences in the U.S. reported that electric currents flowing on water pipes and on other components of house grounding systems are twice as likely as outside power lines to be the source of the highest magnetic fields measured in homes (Zaffanella, 1993).

Q. How was the effect of the proposed 345-kV transmission line on EMF levels determined?

A. The expected electric and magnetic field levels produced by the proposed and existing transmission lines in the year 2007 were calculated by my associate, Dr. Gary Johnson. His curriculum vitae is also filed with this testimony.

The model he used to calculate electric and magnetic fields was developed by the U.S. Department of Energy, Bonneville Power Administration, and has been validated and used by engineers and scientists for many years. The inputs to the model are line voltage, load flow, and the physical dimensions of the line (conductor spacing and height). The field values were calculated at a reference height of one meter above ground. For modeling purposes, it was assumed that the maximum voltage of this circuit was 5% above nominal values. The magnetic field from existing transmission lines and the proposed transmission line along the proposed route was calculated for average loading (current flow) under normal operating conditions. The magnetic field was also calculated for peak load flow conditions for normal system operating conditions.

Dr. Johnson calculated electric and magnetic fields along transects perpendicular to the transmission lines at the point of minimum ground clearance for each of eight sections of

the proposed route and 14 sections of alternative routes between the Middletown and Norwalk substations. The updated values are given in **Exhibit A** attached to this testimony.

Q. In general, what would be the effect of the proposed 345-kV transmission line on EMF levels?

A. The proposed project Middletown-Norwalk right-of-way (ROW) will affect ambient levels of electric and magnetic fields, with the greatest effect within the boundaries of the right-of-way. Outside the boundaries of substation sites and the right-of-way, the effect of the project on EMF levels will be limited because of the design and the location of the substations; the proposal to expand the right-of-way in some sections; and, between the East Devon and Norwalk Substations, the proposed placement of the 345-kV line underground.

Despite the addition of a 345-kV overhead transmission line to the existing rights-of-way, the electric field will be lower along one or both right-of-way edges for five of the eight sections of the primary overhead route (Cross Sections 1-8, Table 4; Exponent, 2003). The changes in electric field level (increase or decrease) at the ROW edge would be less than 0.8 kV/m except for one route section. No change in the electric field will occur on sections where the line would be placed underground on the proposed route (Section 9), Alternative A (Section 9A) or Alternative B (Section 10).

Similarly, the magnetic field will be lower along one or both right-of-way edges for some of the overhead sections of the primary route and increased on others (Cross Sections 1-8, **Exhibit A**). The contribution of the HPFF underground lines and XLPE underground lines to magnetic fields on streets directly above the lines would be less than 3 mG or 40 mG, respectively. At 20 feet from theses lines the magnetic field would diminish to less than 1 mG and less than 4 mG, respectively.

The "supported changes" to the proposed route that arose from the public consultation process involve the relocation of a 115-kV line to an underground XLPE line. This may lower the electric field, particularly for Alternative A on Cross Section 8. The effects of the "supported changes" on magnetic field levels are mixed, producing increases and decreases on the edge of right-of-way values on Section 8 and increases on Section 7B.

On the Alternative Route A (Cross Sections 9A and 17-22) and Alternative Route B (Cross Sections 10-22), the addition of a 345-kV overhead line has no great effect on the electric field at the ROW edge of most Alternative cross sections. However, along the East/South edge of the ROW of Sections 20-22, closest to Norwalk on Alternative A and B, the electric field increases by just over 2 kV/m. The magnetic fields from existing overhead lines tend to be higher along the right-of-way edges of Alternative routes than those on the proposed overhead route but the addition of the 345-kV line reduces the magnetic field on one or both sides of the right-of-way on 8 of 12 alternative cross sections. The addition of the proposed line will result in increases and decreases in the magnetic field; on some sections the change will less and on some sections the changes will be greater than 20 or 30 mG at the right-of-way edge.

At distances greater than approximately 100 feet from edges of the proposed right-ofway, however, the differences between the levels of fields produced by the lines in existing and future configurations become smaller.

- Q. In Exponent's calculations of the effect of the proposed Middletown-Norwalk transmission line on EMF levels, were any sources of electric or magnetic fields other than overhead or underground transmission lines considered?
- A. No, only the electric and magnetic field levels produced by transmission lines were calculated. The levels produced by existing transmission lines were compared to those produced by both the proposed line and the existing (or modified) transmission lines in the same time period.
- Q. Will the addition of the proposed Middletown-Norwalk transmission line cause the electric field levels to exceed any applicable safety standards?
- A. No. The proposed line is designed by CL&P/UI to meet the requirements of the National Electric Safety Code regarding electric field induction to large vehicles under the conductors (NESC, 2000).
- Q. Have any other safety or health-based standards been recommended to limit exposures to electric or magnetic fields?
- A. There are no federal standards for either 60-Hz electric or magnetic fields. However, there are general recommendations from scientific organizations regarding exposures to EMF for the general public and workers.

For example, an international organization recommends that the exposure of the general public to electric and magnetic fields at 60 Hz be limited to 4.2 kV/m and 83.3 μ T (833 mG), respectively (ICNIRP, 1998). The International Committee on Electromagnetic Safety, of which I am a member, has published recommendations for field exposure (ICES, 2002). The limits are 5 kV/m for electric field exposures of the general public and 0.9 mT (9,040 mG) for magnetic field at 60 Hz. The purpose of these guidelines is to prevent exposures to electric fields that could produce contact shocks or magnetic fields that could stimulate tissues by induced electric fields.

- Q. Have CL&P/UI designed the Middletown-Norwalk line to minimize EMF exposure?
- A. Yes. The line was designed to minimize field levels in several ways:
 - The proposal to operate the new line at 345 kV will result in lower current flow and hence a lower magnetic field than would occur had the proposed line been planned to deliver the same amount of power at a lower voltage. This is due to the fact: Power = Voltage x Current.

- Additional land devoted to an EMF source is minimized by locating the overhead sections of new line almost entirely on existing transmission line right-of-ways.
- The existing and proposed overhead lines are configured so that the fields from each line tend to mutually 'cancel' one another. The addition of the proposed line reduces magnetic fields on one or both sides of the right-of-way at a number of such sections of the route, e.g., Sections 1, 3, 4, and 8A of revised Table 5 of Exponent's report, Exhibit A hereto).
- An underground cable system proposed for a portion of the route, where existing rights-of-way are too narrow for overhead construction, effectively reduces magnetic fields by placing the phase conductors closer together.
- Finally, the companies have offered to work with organizations next to the
 proposed route, where large numbers of children or other special groups
 might congregate, to minimize field levels outside the right-of-way.
 Specifically, they are looking for ways to adapt the generic design of the
 overhead line to a specific site to minimize field levels.

Q. Is the CL&P/UI approach to addressing EMF consistent with the Connecticut Siting Council's Electric and Magnetic Field Best Management Practices?

A. Yes. Our report completes these requirements of the Siting Council, including documenting the steps taken to minimize field levels and update interested parties on the status of EMF research.

Scientific Evaluation of Research on EMF and Health

Q. Overall, has a great deal of research been done to assess the potential health effects of EMF?

- A. Yes, and a large part of this research has been performed in the last 30 years, which means that the investigations have had the benefit of the modern advances in many fields of science and medicine. It is important to note that by comparison, more effort has been devoted to the study of EMF than to most of the 50,000 or so chemicals that are in everyday use.
- Q. How do scientists assess the potential risks of exposure to EMF from power lines and other sources?
- A. We consider all of the studies of different types on this topic because no study is perfect or provides all the answers. Each study has its strengths and weaknesses. Repeating a study is important because a reproducible result increases confidence that the observation is correct and not the result of some sort of unforeseen error.

 Both epidemiology studies and experimental studies have drawbacks, but taken together the strengths and limitations balance one another. For example, epidemiological studies

of humans include people of varying health and background, but cannot obtain precise measurements of exposure. Experimental studies of animals can produce precisely measured exposures to similar animals fed the same diet – but after all, laboratory animals are not humans. When we consider both of these types of studies, we get more information than if we relied on only one type of study.

Q. Why are these different approaches needed?

A. No single study or approach is able to address all questions about what can affect our health. Epidemiology and laboratory studies are also considered together because the strengths of one type tend to balance the limitations of the other type of study. Therefore, scientists consider different studies, and different types of studies, to get more information to develop sound conclusions.

EMF and Cancer

Q. What was the assessment of the epidemiologic research that focused on EMF and cancer?

A. The results of the latest epidemiologic studies of childhood cancer do not provide sufficient or convincing evidence to support the hypothesis that exposure to electric or magnetic fields or power lines near the home are a cause of leukemia or other cancers in children. The larger or more reliable residential and occupational studies do not support the idea that fields in the residence or workplace contribute to the risk of cancer in adults. As regard to appliances, there was no discernable pattern to indicate that children with leukemia or other cancers had higher or longer exposures to fields from these sources.

EMF and Reproduction/Development

Q. What was the assessment of epidemiologic research that focused on EMF and reproduction and development?

A. Overall, there is little evidence from epidemiologic studies for an association between sources of EMF, including electric bed heating and power lines, and problems of reproduction and development. Two recent studies have suggested an association with maximum or peak magnetic field exposures and miscarriage but the interpretation of the association as reflecting a possible causal influence has been questioned because of several sources of bias.

EMF and Neurobiological Effects and Neurological Diseases

- Q. What was the assessment of epidemiologic research on neurobiological effects and diseases?
- A. There has been little new research on this topic since the assessment of the literature by the National Institute of Health Sciences except for continuing studies of occupational exposure. These studies, however, are difficult to interpret because of limitations in the

assessment of exposure to EMF and the methods for excluding effects of other risk factors.

Support from Experimental Studies for Hypotheses Based upon Epidemiologic Studies

- Q. Has experimental research in laboratories provided solid support for any hypothesis linking EMF to cancer, reproduction/development, or neurobiological effects based upon the epidemiologic studies just discussed?
- A. No. One of the major goals of the \$60 million national EMF research program known as RAPID³, begun in 1992 and completed in 1998, was to assess the biological plausibility of hypotheses derived from some EMF epidemiological studies. The results of research from this and other research programs around the world have tested hypotheses deriving from both epidemiology and experimental studies.

Regarding cancer, multiple studies report that animals exposed to magnetic fields to a wide range of levels (up to 50,000 mG) for most of their lifespan show no increases in cancer or other adverse health effects.

Large studies of laboratory animals exposed to magnetic fields have shown no increase in birth defects, no multigenerational effects, and no changes that would indicate an increase in miscarriage or loss of fertility or adverse effects on the growth and development of the embryo.

Experimental studies of both human subjects and animals exposed to EMF at levels much greater that would be found on or outside the proposed right-of-way do not demonstrate adverse effects on neurobehavioral functions. Every year, experimental support for a mechanism that had been proposed to account for such effects involving the neurohormone, melatonin, has been waning.

Evaluations of the EMF Research Literature by National and International Scientific Agencies

- Q. Did your report summarize the evaluations of the EMF research literature by multidisciplinary groups of scientists who have reviewed the literature for international and national scientific agencies, such as IARC?
- A. Yes. These evaluations were summarized in our report and Table 5 from our report is appended as **Exhibit B**.
- Q. Did the multidisciplinary groups of scientists follow a similar evaluation process as you did?

³ The Electric and Magnetic Fields Research and Public Information Dissemination Program

A. Yes. As a member of the Working Group that was assembled by the International Agency for Research on Cancer (IARC), I am particularly familiar with their evaluation process.

Q. What overall conclusion did you and others on the IARC Working Group reach regarding childhood leukemia?

A. The Working Group concluded that the epidemiologic studies do not provide support for an association between childhood leukemia and residential magnetic fields at intensities less than 4 mG. Overall, magnetic fields were evaluated as "possibly carcinogenic to humans" (Group 2B), based on the statistical association of higher-level residential magnetic fields with childhood leukemia. IARC reviewers also evaluated the animal data and concluded that they were "inadequate" to support a risk for cancer. We stated that the EMF data does not merit the category "carcinogenic to humans" or the category "probably carcinogenic to humans," nor did we find that "the agent is probably not carcinogenic to humans." Many hypotheses have been suggested to explain possible carcinogenic effects of electric or magnetic fields; however, no scientific explanation for carcinogenicity of these fields has been established (IARC, 2002).

In the rating system used by IARC, the recognition of an association between exposure and cancer in epidemiology studies is considered "limited evidence" of carcinogenicity. A rating of "limited evidence" for epidemiology studies, even without any evidence from laboratory studies that an exposure might pose a cancer risk, requires that the exposure be categorized as a "possible carcinogen," even though chance, bias and confounding cannot be ruled out with reasonable confidence (IARC, 2002).

Q. Why did the IARC Working Group not regard the association between magnetic fields and childhood leukemia as reflecting a causal relationship?

A. Because there was neither sufficient evidence from epidemiology studies that magnetic fields caused cancer in humans, nor sufficient evidence that magnetic fields caused cancer in laboratory studies of animals (or evidence for a mechanism to predict cancer).

Relationship of Magnetic Field Levels under Lines or at the Edge of Rightsof-Way to Personal Magnetic Field Exposures

- Q. Are you aware of a concern about magnetic fields based upon measured or calculated magnetic field values near the line and reports of a statistical association between magnetic fields and childhood leukemia?
- A. Yes, I have attended public meetings and read transcripts of other meetings where this concern was of paramount importance. While the concern is genuine, I believe that it has been fueled by a fundamental misunderstanding of the difference between *measured* or *calculated field values* on one hand and estimates of *exposure* on the other.

Q. Please explain.

A. A magnetic field value calculated or measured at a particular location at an instant in time is <u>not</u> a measure of human exposure.

What we mean by exposure are the magnetic field levels encountered by a person as averaged over a specific period of time. For example, it takes about a second to measure a magnetic field. Over that second, my exposure and the measurement would be the same, i.e., the value displayed on the meter. However, if I took readings every second over an entire year wherever I went, the average of those 31,536,000 measurements would represent my average annual exposure to magnetic fields in milligauss.

Hence, my exposure to magnetic fields reflects the contribution from all of the magnetic field sources that I encounter in all the locations where I spend time. Because people typically spend most of their time at home, the sources here are frequently the major determinant of their time-weighted-average (TWA) exposures.

The misunderstanding arises because both field values and exposures are both expressed in units of milligauss, though they represent quite different concepts.

- Q. Could you provide an example of how a time-weighted-average value differs from a measured value at a particular location?
- A. Yes. I have attached Figure 2 from our report as **Exhibit** C to illustrate the difference between a single measured value and a time-weighted average. The figure shows the magnetic field recorded at 10-second intervals during a two-hour walk through a Connecticut town and its stores. The fields at these locations range from 0 mG to almost 100 mG. Yet the time-weighted average of these measurements is 4.6 mG (Table 1, Exponent, 2003). Thus, no single measured value at any of the locations visited provides an estimate of the total exposure of the person to magnetic fields during the measurement period, as reflected in the average value, except by chance.
- Q. What do the calculated magnetic field values at the edge of right-of-way given in Table 5 of Exponent's 2003 report represent?

A. They are calculated values at a particular location and cannot be meaningfully compared to estimates of long-term exposure to magnetic fields, as I have explained above.

Q. Why are estimates of long-term exposure to magnetic fields of interest?

A. They are of interest because the strongest data supporting the existence of any health effect from magnetic fields are reports of associations between estimates of magnetic field exposure and childhood leukemia (See discussion of the reviews by NIEHS, IARC, NRPB and HCN in Exponent's report). Based primarily upon two published statistical evaluations of epidemiology studies of childhood leukemia and long-term exposures (Greenland et al 2000; Ahlbom et al, 2000), members of the IARC Working Group concluded that there was "limited" evidence for an association between childhood leukemia and magnetic field exposures above 4 mG.⁴ The Working Group also noted that "[i]t cannot be excluded that a combination of selection bias, some degree of confounding and chance could explain the results."

The IARC report appears to be the primary source of public concern about magnetic field exposures above 4 mG. Note that 4 mG refers to an estimated long-term TWA exposure. The goal of EMF epidemiology studies has been to estimate the average exposure of an individual over a long time such as a year, not the fluctuating level at any single spot, whether it is in the playground, a school, or a place in the home.

The reason for our focus on long-term exposures is based upon the knowledge that chemicals and agents in the environment that are known to cause cancer, e.g., tobacco smoke, alcohol, and sunlight, require repeated exposures at elevated levels over long periods of time. Therefore, scientists do not expect an association with these diseases to exist for persons with infrequent or very low-level exposures to these cancer-causing agents. The same rationale has been applied by epidemiologists in the study of magnetic fields; while opportunities for short-term exposures to magnetic fields in excess of a few mG or even 100 mG abound in our environment, the exposure of interest is a person's long-term average exposure.

Thus, a calculated or measured magnetic field greater than 4 mG in a playground, school or even a small area of a residence would not necessarily indicate that a child would have a TWA exposure greater than 4 mG, i.e. in the range of exposure where IARC scientists indicated an association with childhood leukemia. Bear in mind that this statistical association has not been considered by IARC or other agencies as sufficient evidence to conclude that there is a cause and effect relationship between magnetic field exposure and childhood leukemia (or other cancer/diseases), including the fact that there is neither a plausible mechanism nor a biologic basis to support such an association.

⁴ The IARC Working Group concluded that the EMF data do not merit the category "carcinogenic to humans" or the category "probably carcinogenic to humans," nor did it find that "the agent is probably not carcinogenic to humans."

- Q. How would one know whether the fields from the existing or proposed transmission lines would increase a child's TWA exposure to magnetic fields above 4 mG?
- A. With CL&P/UI, we have begun to develop information to answer this question in relation to locations adjacent to existing transmission lines. We have analyzed records from a national survey of personal magnetic field exposure sponsored by the U.S. EMF RAPID program to identify the typical magnetic field levels encountered by children in a range of environments throughout a 24-hour period (Zaffanella, 1993). The typical (median) TWA daily exposure of the children in this survey under the age of 14 was 0.6 mG.

To estimate what effect the presence of the existing transmission lines near a school would have on a student's TWA exposure to magnetic fields, we assumed that the exposures of children at school in the national survey would be replaced by exposures from the existing line. For example, we calculated magnetic fields from hourly records of current flow from September 1, 2001 to September 30, 2002 at a school building 15 feet from the transmission line right-of-way. This is a very conservative modeling assumption since the children are not expected to spend all of their schooling time in only one location where the field level is highest. From our hourly-calculated values of magnetic field and the time spent by children in school from the national survey, we constructed an exposure model for a student's TWA exposure to magnetic fields that included both school and non-school exposures over a day. The TWA daily average exposure of children over a year as estimated above is 1.3 mG. These analyses indicate that even conservative estimates of the TWA exposures from the existing lines at the selected location would not exceed a TWA value of 4 mG. Hence the estimated exposure of these children at this adjacent school would be below the level of magnetic field exposure where an association with childhood leukemia has been identified by IARC.

As to the potential contribution to TWA magnetic field exposure from the new transmission line at this location, our analyses are continuing. The new line could be located further away from such a building than the existing transmission lines. We have also identified several possible modifications to the design and location of the lines on the right-of-way that have been estimated to reduce the average level of the magnetic field below the levels produced by the existing transmission lines. CL&P/UI is examining these modifications to assess their feasibility. Should these estimates be realized, the contribution of all the transmission lines (existing and proposed) to the annual TWA exposure of children at such a location would be reduced below the contribution of the existing lines to their TWA.

The above analyses were performed to illustrate the concept that a measured or calculated value of over 90 mG on the right-of-way of the proposed transmission line or a calculated value at the edge of the right-of-way of 9 mG does not mean that the proposed transmission line would necessarily cause a child's TWA exposure to magnetic fields to exceed 4 mG, even if the school is a short distance away.

- Q. In thinking about the concept of TWA exposure you just discussed, it would seem that sources of magnetic fields that students encounter indoors could more frequently contribute to their TWA exposures than do transmission lines outside the school. Is there any evidence that indoor sources at schools are important sources of magnetic fields?
- A. Yes. A comprehensive survey of classrooms in California (Zaffanella and Hooper, 2000) reports that 17% had magnetic field levels that exceeded 1 mG, the average of the magnetic field readings in a typical home (Zaffanella and Kalton, 1998). In these classrooms, 10 major sources were identified and transmission lines ranked as ninth in importance (Exhibit D). This survey data clearly shows that indoor sources of magnetic field can have a far greater effect on children's exposure at school than transmission lines. In addition, we should keep in mind that a child's magnetic field exposures at school are only a small fraction of their total exposure. A national survey reports that children in school spend only about 27% their time there. Exposures encountered in the other 73% of their time, particularly at home, are the dominant component of their overall exposure to magnetic fields.
- Q. Based upon your experience in working regulatory agencies and the EMF issues that have been raised in this proceeding do you have any recommendations to the Connecticut Siting Council?
- A. Yes. I have two recommendations. First, the Council should expand the Council's Electric and Magnetic Fields Best Management Practices to include more site-specific planning to minimize magnetic fields as a way of responding to public concern.

At present, the generic Electric and Magnetic Field Best Management Practices approach works best where there are few or no closely adjacent community facilities, such as schools. However, additional site-specific assessments are needed to determine how best to fine-tune the overall design and location of lines at a specific location where large populations may spend significant time so as to achieve the greatest field reduction.

Second, while the Electric and Magnetic Fields Best Management Practices provides sound guidance to utilities for addressing EMF issues during the siting process, it cannot substitute for proactive and coordinated long-range planning of major transmission projects so as to minimize real or perceived conflicts with residential and other land uses. It would be helpful for the Council to require and enable the utilities to plan for such projects years and even decades in advance so that land for future transmission lines and substations could be acquired today and set aside for the future. In this way, it would be easier to site transmission lines as well as other linear utilities along predetermined and perhaps common corridors, even in densely populated areas. This concept has been implemented in several Canadian cities in Greenbelt plans that maintain access to developing urban areas for future electric and gas transmission facilities.

- Q. Based upon your assessment of the scientific evidence described in your testimony, would the operation of the proposed Middletown-Norwalk 345-kV transmission line pose a hazard to humans?
- A. No, it would not. The weight of the evidence I have reviewed does not support a conclusion that exposure to EMF at the levels associated with the proposed project would have adverse effects on human health, compromise normal function, or cause cancer. This conclusion is based on my knowledge of the relevant scientific literature, the results of expert scientific panels that have examined epidemiologic and laboratory research on 60-Hz electric and/or magnetic fields and health, and the field levels anticipated from the operation of this transmission line. Together, this evidence does not support the conclusion that 60-Hz electric or magnetic fields associated with the operation of the proposed transmission line would pose a hazard to human health.
- Q. Does this conclude your testimony?
- A. Yes.

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Exhibit A. Edge of right-of-way magnetic field values for existing, proposed, and alternative line configurations

2007 annual average loading (15 GW)

Cross Section	Existing Magnetic Field (mG)			Proposed Magnetic Field (mG)	
	East/South* ROW	West/North [#] ROW	Route	East/South ROW	West/North ROW
		Proposed	345-kV Overhead	d Route	
1	32.6	33.8	Proposed Alternative A Alternative B	29.0 22.9 29.8	18.7 18.1 17.5
2	9.2	13.9	Proposed Alternative A Alternative B	30.4 29.6 29.8	17.1 16.5 16.6
3	12.2	4.7	Proposed Alternative A Alternative B	5.9 6.0 5.5	12.9 14.2 15.0
4	6.1	11.9	Proposed Alternative A Alternative B	5.3 5.4 5.4	11.5 13.1 14.2
5	5.2	24.7	Proposed Alternative A Alternative B	15.9 14.3 13.2	27.8 27.1 26.4
6	0,2	1.2	Proposed Alternative A Alternative B	5.4 4.7 4.1	14.3 12.3 10.9
7 and 7a	0.4	4.4	Proposed Alternative A Alternative B	11.9 10.2 9.1	10.2 9.0 8.4
8 and 8b	6.2	2.8	Proposed Alternative A Alternative B	8.7 7.6 6.8	15.7 13.5 12.0
	"Supported Cha	inges" – 345-kV	Overhead and Re	elocation of 115-kV to	Underground
7b (25') [∇]	0.4	4.4	Proposed	6.2	17.9
8a (-20') [⊮] (-400') [⊮]	6.2 6.2	2.8 2.8	Proposed Proposed	5.0 5.0	16.0 16.0
	Propose	ed and Alternativ	e Underground Li	ine Routes [⁺]	
9 (HPFF) (East Devon to Singe (Singer to Norwalk)	r) - na -	- na -	Proposed	0.2 0.2	0.2 0.2
9A (XLPE) (East Devon to Singe (Singer to Hawthorne		- na -	Alternative A	1.1 3.6	1.0 3.3
10 (XLPE) (Singer to Seaview Lo	oop) - na -	- na -	Alternative B	2.4	3.2

Cross Section	Existing Magnetic Field (mG)			Proposed Magnetic Field (mG)	
	East/South* ROW	West/North [#] ROW	Route	East/South ROW	West/North ROW
	Al	ternative 345-kV	Overhead Line F	Routes	
11	2.3	8.5	Alternative B	3.2	7.4
12	7.1	30.9	Alternative B	8.0	25.8
13	2.8	1.5	Alternative B	4.9	8.3
14	48.4	5.2	Alternative B	22.5	9.6
15	62.2	59.9	Alternative B	22.5	16.4
16	55.7	51.2	Alternative B	12.5	22.6
17	40.8	40.9	Alternative A Alternative B	23.9 14.2	36.0 26.7
18	29.4	41.0	Alternative A Alternative B	31.0 27.5	39.9 34.7
19	57.1	8.7	Alternative A Alternative B	30.7 26.9	14.4 9.4
20	48.7	4.9	Alternative A Alternative B	75.9 67.0	13.1 9.0
21	13.1	5.9	Alternative A Alternative B	45.3 40.0	13.1 9.0
22	42.9	11.1	Alternative A Alternative B	75.9 67.0	13.1 9.0

^{*} Identified in NU documentation as left ROW

[#] Identified in NU documentation as right ROW

Distance from edge of ROW. +25' indicates 25' outside of the right (West/North) ROW.

Ψ Distance from edge of ROW. -20' (or -400') indicates 20' (or 400') outside of the left (East/South) ROW

⁺ ROW edge taken as -20' left (East/South) ROW and +20' right (West/North) ROW

Exhibit B. Conclusions of international agencies and scientific groups

Agency or Scientific Group	Conclusions
National Institute of Environmental Health Sciences (NIEHS, 1998; NIEHS, 1999)	"The scientific evidence suggesting that ELF-EMF exposures pose any health risk is weak. The strongest evidence for health effects comes from associations observed in human populations with two forms of cancer: childhood leukemia and chronic lymphocytic leukemia in occupationally exposed adults In contrast, the mechanistic studies and animal toxicology literature fail to demonstrate any consistent pattern No indication of increased leukemias in experimental animals has been observed The lack of consistent, positive findings in animal or mechanistic studies weakens the belief that this association is actually due to ELF-EMF, but it cannot completely discount the epidemiological findings The NIEHS does not believe that other cancers or other non-cancer health outcomes provide sufficient evidence of a risk to currently warrant concern."
International Agency for Research on Cancer (IARC, 2002)	"Studies in experimental animals have not shown a consistent carcinogenic or co- carcinogenic effects of exposures to ELF [extremely low frequency] magnetic fields, and no scientific explanation has been established for the observed association of increased childhood leukaemia risk with increasing residential ELF magnetic field exposure." IARC categorized EMF as a "possible carcinogen" for exposures at high levels, based on the meta-analysis of studies of statistical links with childhood leukemia at levels above 3-4 mG.
National Radiological Protection Board of Great Britain (NRPB, 2001b)	"Laboratory experiments have provided no good evidence that extremely low frequency [ELF] electromagnetic fields are capable of producing cancer, nor do human epidemiological studies suggests that they cause cancer in general. There is, however, some epidemiological evidence that prolonged exposure to higher levels of power frequency magnetic fields is associated with a small risk of leukemia in children. In practice, such levels of exposure are seldom encountered by the general public in the UK [or in the US]."
Health Council of the Netherlands (HCN, 2001)	"Because the association is only weak and without a reasonable biological explanation, it is not unlikely that it [an association between ELF exposure and childhood leukemia] could also be explained by chance The committee therefore sees no reason to modify its earlier conclusion that the association is not likely to be indicative of a causal relationship."

Exhibit C. Typical personal exposures to magnetic fields

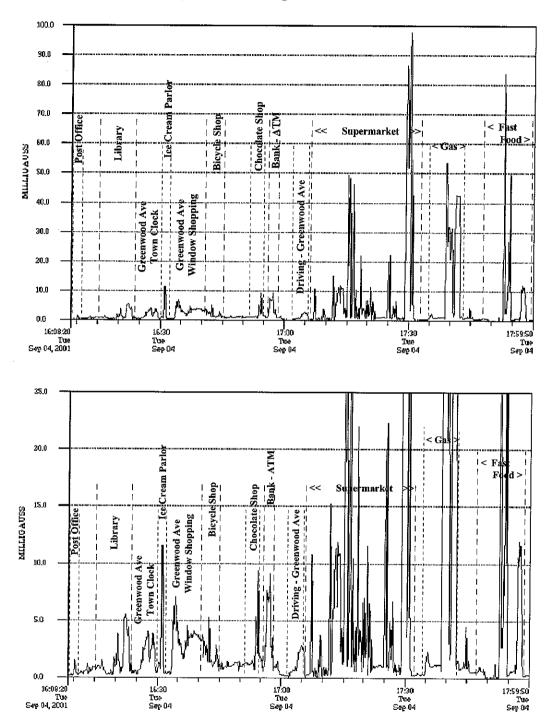


Exhibit D. Number of classrooms in which different sources cause a field greater than given value of 1 mg in more than 5% of the area

Field Source	>1 mG
Net Current	61,000
Electrical Panel	13,800
Fluorescent Lights	11,500
Distribution Line	6,100
Office Equipment	6,000
Power Transformer	2,200
Air Conditioners	2,200
Power Cable	1,700
Transmission Line	1,300
Current in Water Main	0

Adapted from: Enertech, Inc., Electric and Magnetic Field Exposure Assessment of Powerline and Non-Powerline Sources for California Public School Environments, Executive Summary. Accessed from California Department of Health, EMF Program, http://www.dhs.cahwnet.gov/ehib/emf/school exp ass exec.pdf

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CURRICULUM VITAE

Name:

Stuart A. Aaronson

Date and Place of Birth:

February 28, 1942, Mt. Clemens, Michigan

Citizenship:

U.S.A.

Marital Status:

Married, three children

Education and Training:

1959-1962	B.S. (Chemistry; summa cum laude), University of California, Berkeley
1962-1966	M.D., University of California Medical School, San Francisco
1965-1966	Fellowship, Dept. of Biochemistry, University of Cambridge,
	Cambridge, United Kingdom
1966-1967	Intern, Medicine, Moffitt Hospital, San Francisco

Brief Chronology of Employment:

1967-1969	Staff Associate, Viral Carcinogenesis Branch, National Cancer
	Institute, Bethesda, MD
1969-1970	Senior Staff Fellow, Viral Carcinogenesis Branch
1970-1977	Head, Molecular Biology Section, Viral Carcinogenesis Branch
1977-1993	Chief, Laboratory of Cellular and Molecular Biology, National
	Cancer Institute, Bethesda, Maryland
1993-present	Director, Ruttenberg Cancer Center, Mount Sinai Medical Center, New
	York, NY & Jane B. and Jack R. Aron, Professor of Neoplastic Diseases

Medical Licenses

New York Virginia

Honors and Awards:

1962	Phi Beta Kappa
1966	Alpha Omega Alpha
1982	Rhoads Memorial Award
1982	PHS Meritorious Service Medal
1989	Paul Ehrlich Award
1989	PHS Distinguished Service Medal
1990	Milken Award
1991	Chirone Prize
1991	Harvey Lecture
1991	Wadsworth Memorial Foundation Award

Societies:

American Society for Microbiology American Association for the Advancement of Science Society for Experimental Biology and Medicine American Association for Cancer Research, Inc. American Society for Virology, Inc.

Memberships and Affiliations:

1055 1050	
1975-1978	Member, Viral Cancer Program Coordinating Committee
1975-1976	Ad Hoc Member, Experimental Virology Study Section, NIH
1975-1978	Member, Viral Oncology Scientific Advisory Committee for FCRC
1976-1980	Member, Experimental Virology Study Section, NIH
1977-present	Member, Editorial Board, International Journal of Cancer
1977-1986	Associate Editor, Journal of the National Cancer Institute
1980-1985	Editorial Advisory Board, Biochimica et Biophysica Acta (BBA
	Reviews on Cancer)
1981-present	Associate Editor, Cancer Research
1983-1992	Executive Committee, Duke Comprehensive Center, Duke University
	Medical Center
1984	Mott Selection Committee, General Motors Cancer Research
	Foundation
1984-1990	Advisory Committee, Maimonides Conferences on Cancer Research
1984-1990	Editorial Board, Virus Research
1984-1987	Scientific Advisory Committee, American Cancer Society
1985-1987	External Scientific Review Committee, Comprehensive Center, The
	University of Alabama in Birmingham
1985-present	Editorial Advisory Board, Cancer and Metastasis Reviews
1985-present	Editorial Board, Cancer Reviews
1985-1989	Councillor, Society for Experimental Biology and Medicine
1985-1990	Extramural Advisory Board, Cancer Center, The University of Arizona
1986	Program Chairman, American Association of Cancer Research
1986	Co-organizer, Princess Takamatsu Symposium
1986-present	Guest Editor, Japanese Journal of Cancer Research (Gann)
1986-present	Editorial Board, Environmental and Occupational Health Sciences
1986-1987	Member, Advisory Committee, American Type Culture Collection
1987-1989	Editorial Advisory Board, Molecular Endocrinology
1987-present	Editorial Board, Oncogene
1988-1989	Advisory Editorial Board, ISI Atlas of Science: Biochemistry
1988-1994	Member, Blood Services Scientific Council, American Red Cross
1989-1991	Editorial Board, Cancer Communications
1989-1992	Editorial Board, The New Biologist
1989	Visiting Professor, University of Texas, San Antonio
1990-2002	Advisory Board, BBA Reviews on Cancer, Biochimica et Biophysica
Acta	

1990	General Motors Visiting Professor, University of Wisconsin-Madison
	Medical School
1990	Visiting Professor, Jonsson Comprehensive Cancer Center, University
	of California, Los Angeles
1992-present	Editorial Board, Intl. Journal of Oncology
1991-2003	Editorial Board, Oncology Research
1992-present	Scientific Advisory Board, - Georgetown Univ - Breast Ca SPORE
1993-1995	Editorial Advisory Board, Molecular Aspects of Medicine
1994-present	International Advisory Board, Tumori
1995-1996	Vice President, Harvey Society
1996-1997	President, Harvey Society
1997-1998	Counselor, Harvey Society
1998-present	Member, Public Relations and Communications Committee, AACR
1998-present	Member, The National Neurofibromatosis Foundation Research
	Advisory Board
1998-present	Member, External Scientific Avisory Committee, Kimmel Cancer
	Center, Thomas Jefferson University
2003-present	Editorial Board, Cancer Genomics and Proteomics (CGP)

Research Interests:

Molecular genetics of cancer; retrovirology; cellular growth regulation by growth factors and their receptors.

Patents:

More than 50 patent applications issued or pending.

Social Security Number:

571-58-5069

Present Address:

40 East 94th Street, Apt. 23B New York, NY 10128

Research Support

Active

R01 CA71672-07 Aaronson (PI)

NIH/NCI

07/01/1997-06/30/2005

\$225,000

Cloning and Analysis of Wnt Receptors in Breast Cancer

Aims of this include exploration of novel functions uncovered by us for a prototype Wnt receptor, Hfz1, structure/function analysis for this and other fzs, and immunoaffinity purification and identification of proteins in the receptor complex. Our goals would be to use this knowledge to investigate novel mechanisms of Wnt activation in tumor cells. A second major aim would be to elucidate mechanisms of transformation by Wnt and/or increase βcatenin levels through investigation of alterations induced in normal cells. The functions of Wnt target genes in inducing aspects of the transformed phenotype in vitro and in vivo would be explored, and we would search for novel effectors by application of expression array analysis. The final aim would be to characterize new mechanisms of Wnt signaling activation in breast and other human tumor cells. This aim is supported by our identification of human tumor cell lines with elevated uncomplexed β-catenin levels in the absence of genetic lesions affecting APC or β-catenin, Wnt inhibitors, also characterized by us, would be utilized in efforts to establish evidence of autocrine transforming or other novel mechanisms of Wnt activation.

T32 CA78207-05 Aaronson (PI)

07/20/1999-04/30/2004

NIH/NCI

\$165,604

Training Program in Cancer Biology

This training program combines research in the biology of cancer with a curriculum that challenges trainees to consider how their research may be translated into improvements in the diagnosis and treatment of cancer. The trainees will work closely with faculty who will be drawn from throughout Mount Sinai ensuring that this research is both comprehensive in scope and related to practical issues faced by physicians in preventing and treating cancer.

P01 CA80058-04 Aaronson (PI)

02/16/2000-01/31/2005

NIH/NCI

\$160,111

P53 Regulators and Effectors

Subproject: Project 1

This grant is specifically directed at elucidating the role of MAPK activation in p53 growth arrest/senescence, the mechanisms responsible and the effector pathways involved. The longterm goals of this project are to understand how MAPK activation contributes to p53 induced permanent grouth arrest/senescence as a means of developing nove approaches to therapy by targeting this terminal differentiation program in tumor cells.

Subproject: Administrative Core

The Administrative Core provides centralized services that support the Principal Invesitgator, Project Leaders, and Core Resource Directors of the program projec, and is responsible for continuity, coordination and oversight of the projects and support cores of the Program project. The primary functions of the Core include the following: (a0 provide direction and overall management of the Program; (b) foster communication and integration of the research projects and the cores by conducting regular scientific meetings of PPG investigators; (c) oversee and coordinate the efforts of the support cores by oversight committees and monitoring efficient usage; (d) monitor and track all expenditures of the PPG and ensure accurate allocation of funds; (e) provide logistics support for other apects including personnel actions, IRB documents, record keeping, progress reports; (f) arrange and coordinate meetings of the PPG internal and external scientific advisory boards, including travel.

N/A Aaronson (PI)

07/01/1997-06/30/2005

Sharp Foundation

\$666,667

Melanoma Gene Discovery and Translation Research

This is a consortium grant involving multiple laboratory and clinical investigators within Mount Sinai. The aims of the consortium are to translate laboratory advances in the molecular understanding of the invasive, metastatic phenotype of melanoma and resistance to therapy of melanoma to the clinic. Studies include melanoma gene discovery, mechanisms involved in p53 functional inactivation, studies of the molecular basis for invasion and metatisis, and efforts to untilize peptide inhibitors and antisense approaches to convert melanoma for a therapy resistant to sensitive phenotype. The P.I. serves as the administrative leader of this program and participate in the melanoma gene discovery effort.

R01 CA85214-05 (PI)

08/04/1999-05/31/2004

NIH/NCI

\$310,032

Cellular Senescene in Aging and Cancer

The aims of this project are to characterize the molecular pathways of senescence in normal cells, as well as induced by various stimuli in tumor cells in an effort to develop better understanding of this important cell aiging program.

N/A Aaronson (PI)

10/01/2001-09/30/2004

Breast Cancer Research Foundation

\$217,391

Mammaglobin in the Circularion as a Marker of Breast Cancer

The major goal of this proposal is to examine the pattern of mammaglobin expression in women with and without breast cancer in order to establish its clinical utility as a blood marker for early detection of breast cancer and response to treatment.

R24 CA95834-02 Aaronson (PI)

04/01/2002-03/31/2007

NIH/NCI

\$96,233

Cancer Resource – Pathology, Registry and Biorepositories

The overall aim of this study is to establish the infrastructure for conduction cancer research with human specimens consisting of a tissue repository, biorepository and data bank. It will build upon our existing infrastructure of colon and breast cancer familial registries, the Prostate Cancer Database and Tissue Bank, the Mount Sinai Tumor Registry, a pathology tissue bank, and a specimen bank used in specific studies. The Cancer Resource will consist of several components and will facilitate research ranging from basic science, translational research, and large-scale molecular epidemiologic studies.

N/A Aaronson (PI) Becton Dickinson and Company Collaborative Research Project 12/11/2003-12/10/2004 \$107,143

The overall aim of this study is to identify and optimize cellular environments for isolation and expansion of human tumor cells in vitro by using robotic screening methods in a systematic and comprehensive way.

Pending

T32 CA78207 Aaronson (PI)

05/01/2004-04/30/2009

NIH/NCI

Training Program in Cancer Biology

R01 CA85214 Aaronson (PI)

07/01/2004-06/30/2009

NIH/NCI

Cellular Senescence in Aging and Cancer

P01 CA80058 Aaronson (PI)

02/01/2005-1/31/2010

NIH/NCI

P53 Regulators and Effectors

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Stuart A. Aaronson

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- 2. Aaronson, S. A., Korner, A., and Munro, A. J.: Inhibition of soluble ribonucleic acid of stimulatory effect of liver template ribonucleic acid. <u>Biochem. J.</u> 101: pp. 448-453, 1966.
- 3. Aaronson, S. A. and Todaro, G. J.: SV40 T antigen induction and transformation in human fibroblast cell strains. <u>Virology</u> 36: pp. 254-261, 1968.
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Professional Profile

Dr. William H. Bailey is a Principal Scientist in the Health practice and Director of Exponent's New York office. Before joining Exponent, Dr. Bailey was President of Bailey Research Associates, Inc., the oldest research and consulting firm with specialized expertise in electromagnetic fields and health. Dr. Bailey specializes in applying state-of-the-art assessment methods to environmental health and impact issues. His 30 years of training and experience include laboratory and epidemiologic research, health risk assessment, and comprehensive exposure analysis. Dr. Bailey is particularly well known for his research on potential health effects of electromagnetic fields and is active in setting IEEE standards for human exposure to electromagnetic fields. He uses advanced analytical and statistical methods in the design and analysis of both experimental studies and epidemiology and survey research studies. Such methods include Monte Carlo and other probabilistic methods to characterize uncertainties pertaining to exposure impacts and the determination of "safe" environmental exposures. In addition to his training and experience in health risk assessment, Dr. Bailey's postgraduate training is helpful in assessing the important effects of social, economic, and community factors on health risks and vulnerability to environmental impacts in health and environmental justice research. Currently, he is directing research projects on effects of electrical charge on the deposition of aerosols in the respiratory tract and an epidemiologic evaluation of air pollution impacts on community health from mobile sources. He is a member of a working group that advises a committee of the World Health Organization on risk assessment, perception, and communication. Dr. Bailey is also a visiting scientist at the Cornell University Medical College and has lectured at Rutgers University, the University of Texas (San

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Fields (0 to -3 kHz) and Subcommitte 4, Safety Levels with Respect to Human Exposure to Radiofrequency Fields (3 kHz to 3 GHz); Elected member of the Committee on Man and Radiation (COMAR) of the IEEE Engineering in Medicine and Biology Society (1998–present); Invited Speaker, First Institute of Neurological Sciences Symposium in Neurobiology, University of Pennsylvania (1980); Invited Speaker, National Heart and Lung Institute (1977).

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Bailey WH, Weiss JM. Psychological factors in experimental heart pathology. Visiting Scholar Presentation, National Heart Lung and Blood Institute, March 1977.

Bailey WH, Weiss JM. Effect of ACTH 4-10 on passive avoidance of rats lacking vasopressin (Brattleboro strain). Eastern Psychological Association, April 1976.

Research Appointments

- Visiting Fellow, Department of Pharmacology, Cornell University Medical College, New York, NY (1986–present)
- Visiting Scientist, The Jackson Laboratory, Bar Harbor, ME (1984–1985)
- Head, Laboratory of Neuropharmacology and Environmental Toxicology, NYS
 Institute for Basic Research in Developmental Disabilities, Staten Island, NY (1983–
 1987)
- Assistant Professor, The Rockefeller University, New York, NY (1976–1983)
- Postdoctoral Fellow, Neurochemistry, The Rockefeller University, New York, NY (1974–1976)
- Dissertation Research, The Rockefeller University, New York, NY (1972–1974)
- CUNY Research Fellow, Dept. of Psychology, Queens College, City University of New York, Flushing, NY (1969–1971)
- Clinical Research Assistant, Department of Psychiatry, University of Chicago;
 Psychiatric Psychosomatic Inst., Michael Reese Hospital, and Illinois State
 Psychiatric Inst, Chicago, IL (1968–1969)

Teaching Appointments

- Lecturer, University of Texas Health Science Center, Center for Environmental Radiation Toxicology, San Antonio, TX (1998)
- Lecturer, Harvard School of Public Health, Office of Continuing Education, Boston, MA (1995, 1997)
- Lecturer, Rutgers University, Office of Continuing Education, New Brunswick, NJ (1991–1995)
- Adjunct Assistant Professor, Queens College, CUNY, Flushing, NY (1978)
- Lecturer, Queens College, CUNY, Flushing, NY (1969–1974)

Advisory Positions

- National Institute of Environmental Health Sciences, Review Committee Role of Air Pollutants in Cardiovascular Disease (2004)
- Working Group on Non-Ionizing Radiation, Static and Extremely Low-Frequency Electromagnetic Fields, International Agency for Research on Cancer (2000–2002)

- Working Group, EMF Risk Perception and Communication, World Health Organization (1998–present)
- Associate Editor, Non-Ionizing Radiation, Health Physics (1996–present)
- Member, International Committee on Electromagnetic Safety, Subcommittee 3 Safety Levels with Respect to Human Exposure to Fields (0 to 3 kHz) and
 Subcommittee 4 Safety Levels with Respect to Human Exposure (3kHz to 3GHz)
 Institute of Electrical and Electronics Engineers (IEEE) (1996-present)
- Invited participant, National Institute of Environmental Health Sciences EMF Science Review Symposium: Clinical and In Vivo Laboratory Findings (1998)
- Working Group, EMF Risk Perception and Communication, International Commission on Non-Ionizing Radiation Protection (1997)
- U.S. Department of Energy, RAPID EMF Engineering Review (1997)
- Oak Ridge National Laboratory (1996)
- American Arbitration Association International Center for Dispute Resolution (1995– 1996)
- U.S. Department of Energy (1995)
- National Institute for Occupational Safety and Health (1994–1995)
- Federal Rail Administration (1993–1996)
- U.S. Forest Service (1993)
- New York State Department of Environmental Conservation (1993)
- National Science Foundation
- National Institutes of Health, Special Study Section—Electromagnetics (1991–1993)
- Maryland Public Service Commission and Maryland Department of Natural Resources, Scientific Advisor on health issues pertaining to HVAC Transmission Lines (1988–1989)
- Scientific advisor on biological aspects of electromagnetic fields, Electric Power Research Institute, Palo Alto, CA (1985–1989)
- U.S. Public Health Service, NIMH: Psychopharmacology and Neuropsychology Review Committee (1984)

- Consultant on biochemical analysis, Colgan Institute of Nutritional Science, Carlsbad, CA (1982–1983)
- Behavioral Medicine Abstracts, Editor, animal behavior and physiology (1981–1983)
- Consultant on biological and behavioral effects of high-voltage DC transmission lines, Vermont Department of Public Service, Montpelier, VT (1981–1982)
- Scientific advisory committee on health and safety effects of a high-voltage DC transmission line, Minnesota Environmental Quality Board, St. Paul, MN (1981– 1982)
- Consultant on biochemical diagnostics, Biokinetix Corp., Stamford, CT (1978–1980)

Professional Affiliations

- The Health Physics Society (Affiliate of the International Radiation Protection Society)
- Society for Risk Analysis
- New York Academy of Sciences
- American Association for the Advancement of Science
- Air and Waste Management Association
- Society for Neuroscience/International Brain Research Organization
- Bioelectromagnetics Society
- The Institute of Electrical and Electronics Engineers/Engineering in Medicine and Biology Society

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Robert E. Carberry Project Director, Transmission Business Northeast Utilities Service Company Hartford, Connecticut

Education:

Bachelor of Science in Electric Power Engineering, June, 1972, Rensselaer Polytechnic Institute, Troy, NY

Master of Engineering in Electric Power Engineering, June 1973, Rensselaer Polytechnic Institute, NY

Management Development Program, Hartford Graduate Center, 1989

Experience:

June 1973 to March 1974 - Bechtel Associates Professional Corp., electrical design of Midland nuclear plant including load flow and voltage studies.

March 1974 to March 1975 - NUSCO, Protection Engineering Section. Performed relay settings and assisted Transmission Line Engineering.

March 1975 to March 1984 - NUSCO, Transmission Line Engineering. Standards, investigations and studies for permanent and temporary grounding, radio and audible noise, electrical/biological effects of AC fields, special insulation, thermal rating studies and research projects, high phase order, HVDC, compact line design, insulated shield wires, and lightning performance.

March 1984 to April 1985 - NUSCO, Substation Project Engineering. Project conceptual development and management plus associated studies and standards activities.

April 1985 to March 1988 - NUSCO, Substation Project Engineering Manager.

March 1988 to November 1992 - NUSCO, Manager of Substation Engineering and Design. (Principal witness at public hearings related to siting of new substations.)

December 1992 to June 1997 - NUSCO, Manager of Transmission Line and Civil Engineering.

June 1997 to October 2000 - NUSCO, Manager of T&D Asset Strategy.

October 2000 to September 2001 - NUSCo, Manager of Transmission Engineering

September 2001 to March 2003 - NUSCO, Project Manager - Bethel to Norwalk Transmission Project

March 2003 to Present - NUSCO, Project Director - Bethel to Norwalk Transmission Project

NU's EMF expert 1975- 2004 and chairman of the NU EMF Task Force established in 1990.

Other Experiences:

Adjunct Faculty Member, University of Hartford, College of Engineering, January to May, 1987. Conducted portions of course in Power Systems Analysis.

T&D Emergency plan assignment as First Deputy to the Director, Electric, a liaison position with the CT Office of Emergency Management, 1985 to 2002.

Member of Advisory Committee serving the Connecticut Interagency EMF Task Force, 1991 to present.

Professional Engineering Registration: Connecticut and Massachusetts

Industry and Professional Society Activities/Senior Member, IEEE (1983)

IEEE Power Engineering Society, Transmission and Distribution Committee memberships.

- 1) Corona and Field Effects (C&FE) Subcommittee, Member 1976 to present, Vice Chairman 1983 to 1985.
- 2) C&FE Working Groups on AC Fields and Audible Noise, 1976 to present.
- 3) Chairman of C&FE Working Group on Design and Environmental Considerations, 1977 to 1985.
- 4) Secretary and Vice Chairman of Administrative Subcommittee's Coordinating Group on Environment, Safety and Public Affairs, 1981 to 1984.

IEEE Power Engineering Society, Substations Committee memberships

- 1) Substation Committee, member 1987 to 1995
- 2) Environmental Subcommittee and Associated Working Groups, member 1985 to 1995.
- 3) Various Working Groups of the Distribution Substations Subcommittee and the Gas Insulated Substations Subcommittee, member 1985 to 1995.

Edison Electric Institute - Chairman of the Electric Light and Power group delegation to the American National Standards Committee C63 on Electromagnetic Compatibility. 1980 to 1985.

Electric Power Research Institute - Industry advisor on project RP1591, Assessment of AC Transmission Line Field Effects, 1982 to 1984. NU representative on Transmission Line Business Unit Council, 10/95 to 12/96.

International Electrotechnical Commission, CISPR C - Member of an advisory group assisting the Technical Advisor to the U.S. National Committee of the IEC on matters pertaining to interferences from overhead power lines, 1980 to 1988.

Edison Electric Institute - EMF Task Force, 1990 to 2003: EMF Steering Committee 1995 to 2003.

Professional Recognitions:

IEEE PES Working Group Recognition and/or Prize Paper Awards

- AC Fields Working Group (1992)
- Working Group on Design and Location of Substation for Community Acceptance (1992)
- Substation Security Working Group
- "A Survey of Methods for Calculating Transmission Line Conductor Surface Voltage Gradients," 1980
- "Corona and Field Effects of AC Overhead Transmission Lines: Information for Decision Makers," 1986

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CURRICULUM VITAE

Name:	Philip Cole 509 Carnoustie Drive, Box 65 Shoal Creek, Alabama 35242 Tel: 205-408-9355 Fax: 205-408-9850 E-mail: pcole@uab.edu		
Academic Appointment:	Professor, Emeritus Department of Epidemiology School of Public Health Univ. of Alabama at Birmingham		
Education:	Michigan State University University of Vermont Harvard University Harvard University	B.A. M.D. M.P.H. Dr.P.H.	1960 1965 1967 1970
Previous posi	Ltions:		
	Professor (Chairman, 1981-94) Department of Epidemiology School of Public Health University of Alabama at Birming	gham	1979-99
	Senior Scientist Associate Director for Epidemiology Comprehensive Cancer Center University of Alabama at Birmingham		1979-99 1979-93
	Department of Epidemiology Harvard School of Public Health Assistant and Associate Professo Professor	or	1969-78 1978-79
	Consultant in Epidemiology and E International Agency for Research		1977-78

Surgical Intern, Royal Victoria Hospital

1965-66

Prepared: January 2, 2004

Montreal

Certification and Professional Societies:

	Licensed, Alabama Medical Licensure Commission	1981
Licensed	Board of Registration in Medicine, Commonwealth of Massachusetts	1966-80
	Diplomate, National Board of Medical Examiners	1966
	Certified, American Board of Preventive Medicine	1971
	Member, American Epidemiologic Society	1973-79
	Honorary Fellow, American College of Epidemiology	1997
Honors:	American Cancer Society, Faculty Research Award	1973-78
	Visiting Lecturer on Epidemiology Harvard School of Public Health	1979-99
	Gordon Richards Memorial Lecturer Ontario Cancer Treatment and Research Foundation	1979
	John Whittick Memorial Lecturer Canadian Cancer Society	1980
	Kammer Merit in Authorship Award American Occupational Medical Association	1982
	John Rankin Visiting Professor of Occupational and Preventive Medicine University of Wisconsin, Madison	1983
	Eleanor Leader Memorial Lecturer University of Toronto, Toronto	1985
	Grand Prix Lacassagne du La Ligue Nationale Francaise contre le Cancer, (with B. MacMahon, J. Brown and D. Trichopoulos)	1986
	First Annual President's Award Outstanding Teacher School of Public Health, UAB	1991
	Cutter Lecturer Harvard School of Public Health	1996

Myrick Lecturer Injury Control Research Center, UAB	1996
Lecturer Delta Omega Society, UAB	1997
Honors (continued):	
First Recipient Distinguished Faculty Investigator Award School of Public Health, UAB	1998
Distinguished Academic Achievement Award College of Medicine, University of Vermont	2000
Major Committees:	
Epidemiology and Disease Control Study Section National Institutes of Health	1973-77
Scientific Advisory Committee Division of Cancer Cause and Prevention National Cancer Institute	1978-80
General Motors-United Auto Workers Occupational Health Advisory Board	1982-87
Prevention, Cancer Control (Chairman) Steering Committee, National Planning Effort National Cancer Institute	1984-85
Mott Prize Selection Committee General Motors Cancer Research Foundation	1985
Board of Scientific Counselors Division of Cancer Prevention and Control National Cancer Institute	1986-90
Advisory Council on Epidemiology Electric Power Research Institute	1986-90
Program Project Review Committee National Cancer Institute of Canada	1993

	Research Professor Selection Committee American Cancer Society	1994
	EPA-Dow Elanco Review Committee Health Effects of Chlorpyrifos	1997
	American Council on Science and Health Committee on Phthalates	1999
Teaching:	Harvard School of Public Health The epidemiology of chronic diseases The epidemiology of neoplastic diseases Epidemiologic methods Principles of epidemiology	1969-72 1973-77 1976 1978-79

Teaching (continued):

University of Minnesota-Graduate Summer Session	
The epidemiology of cancer	1971-80
Principles of epidemiologic research	1985
Fundamentals of epidemiology	1986-91
International Agency for Research on Cancer	
Cancer epidemiology	1974-80
University of Massachusetts-Graduate Summer Session	
Principles of epidemiology	1981-85
Cancer epidemiology	1982
Mode Hairmanita Conducto Common Condi	
Tufts University-Graduate Summer Session Epidemiologic bases of public health policy and law	1006 07
Principles of epidemiology	1986,87 1994-96
TITHCIPIES OF EPIGEMEOLOGY	1994-90
University of Alabama at Birmingham	
Epidemiology of cancer	1980
Principles of epidemiologic research	1980-95
Advanced epidemiologic methods	1981
Doctoral seminar	1981-91,99,02
Introduction to epidemiology	1996,97,00

Mediterranean School of Epidemiology and Biostatistics

Research Interests:

The moral bases for preventive interventions Causality in epidemiology, health policy and law Innovative approaches to smoking cessation Occupational and chemical carcinogenesis Health effects of electromagnetic fields

Editorships:

	Associate Editor	c, Cancer Research	1982-85
	Associate Editor	, American Journal of Epidemiology	1982-88
	Editorial Board,	International Journal of Breast	
		and Mammary Pathology	1984-90
	Editorial Board,	Fundamental and Applied Toxicology	1984-90
	Editorial Board,	Breast Diseases	1987-93
	Editorial Board,	Southern Medical Journal	1990-99
	Editorial Board,	Cancer Epidemiology, Biomarkers	
		and Prevention	1991-98
	Editorial Board,	Regulation	1999-01
Other:	Chairman of the	Faculty, School of Public Health, UAB	1991-95

Publications

- Cole P, MacMahon B, Aisenberg A: Mortality from Hodgkin's disease in the United States: Evidence for the multiple-aetiology hypothesis. Lancet 2:1371-1376, 1968.
- Cole P, Gutelius J: Paraplegia resulting from the use of the subclavian artery as a shunt source during resection of the descending thoracic aorta. Ann Surg 169:293-294, 1969.
- 3. Rapoport A, Cole P, Mason J: Correlates of survival after initiation of chemotherapy in 142 cases of Hodgkin's disease. Cancer 24:377-381, 1969.
- 4. Cole P, MacMahon B: OEstrogen fractions during early reproductive life in the aetiology of breast cancer. Lancet 1:604-606, 1969.
- 5. MacMahon B, Cole P: Endocrinology and epidemiology of breast cancer. Cancer 24:1146-1150, 1969.
- Cole P, Gutelius J: Neurologic complications of surgery on the descending thoracic aorta. Can J Surg 12:435-443, 1969.
- 7. Kaplan S, Cole P: Factors affecting response to postal questionnaires. Br J Prev Soc Med 24:245-247, 1970.
- 8. MacMahon B, Cole P, Lin TM, et al: Age at first birth and breast cancer risk. Bull WHO 43:209-221, 1970.
- Cole P, Monson RR, Haning H, Friedell GH: Smoking and cancer of the lower urinary tract. N Engl J Med 284:129-134, 1971.
- 10. Mirra A, Cole P, MacMahon B: Breast cancer in an area of high parity: Sao Paulo, Brazil.

 **Cancer Res 31:77-83, 1971. Reprinted in Portuguese in Rev Assoc Med Bras 18:357-364, 1972.
- 11. Cole P: Coffee-drinking and cancer of the lower urinary tract. Lancet 1:1335-1337, 1971.
- 12. MacMahon B, Cole P, Brown JB, et al: OEstrogen profiles of Asian and North American women.

 Lancet 2:900-902, 1971.
- 13. Hoover R, Cole P: Population trends in cigarette smoking and bladder cancer. Am J_Epidemiol 94:409-418, 1971.
- 14. Cole P, MacMahon B: Attributable risk percent in case-control studies. Br J Prev Soc Med 25:242-244, 1971.
- 15. Allen DW, Cole P: Viruses and human cancer. N Engl J Med 286:70-82, 1972. Reprinted in Ca Cancer Journal for Clinicians 23:127-136, 1973 and in Diagnostic 4:189-194, 1973.
- 16. Trichopoulos D, MacMahon B, Cole P: Menopause and breast cancer risk. *J Natl Cancer Inst* 48:605-613, 1972.
- 17. Cole P, Hoover R, Friedell GH: Occupation and cancer of the lower urinary tract. Cancer 29:1250-1260, 1972.
- MacMahon B, Cole P: The ovarian etiology of human breast cancer. Current Problems in the Epidemiology of Cancer, Lymphomas and Leukemias. Recent Results Cancer Res 39:185-192, 1972.
- 19. Cole P: Epidemiology of Hodgkin's disease. JAMA 222:1636-1639, 1972.

- 20. MacMahon B, Cole P, Brown J: Etiology of human breast cancer: A review. *J Natl Cancer Inst* 50:21-42, 1973.
- 21. Hoover R, Cole P: Temporal aspects of occupational bladder carcinogenesis. N Engl J Med 288:1040-1043, 1973.
- 22. Cole P: Epidemiologic studies and surveillance of human cancers among personnel of virus laboratories. In Hellman A, Oxman MN, Pollack R (eds), *Biohazards in Biological Research*. Cold Spring Harbor Laboratory, New York 1973.
- 23. Cole P: Hypotheses regarding the etiology of breast cancer. SeventhNational Cancer Conference Proceedings. JB Lippincott Company, Philadelphia, 1973.
- 24. Cole P: A population-based study of bladder cancer. In Doll R, Vodopija I (eds), Host Environment Interactions in the Etiology of Cancer in Man. International Agency for Research on Cancer, Lyon, France, pp 83-87, 1973.
- 25. Schmauz R, Cole P: Epidemiology of cancer of the renal pelvis and ureter. *J Natl Cancer Inst* 52:1431-1434, 1974.
- 26. Cole P: Epidemiology of human breast cancer. J Invest Dermatol 63:133-137, 1974.
- 27. MacMahon B, Cole P, Brown JB, et al: Urine oestrogen profiles of Asian and North American women. Int J Cancer 14:161-167, 1974.
- 28. Cole-P: Epidemiologic aspects of mammary tumours. Proceedings of the Fifth International Symposium on the Biological Characterization of Human Tumours. Excerpta Medica, Amsterdam, 1974.
- 29. Dickinson L, MacMahon B, Cole P, Brown JB: Estrogen profiles of Oriental and Caucasian women in Hawaii. N Engl J Med 291:1211-1213, 1974.
- 30. Cole P: Morbidity in the United States. Chapter four in Erhardt CL, Berlin JE (eds), A Review of Mortality and Morbidity in the United States. American Public Health Association Monograph, Harvard University Press, 1974.
- 31. Cole P: Primary prevention of cancer. Bull NY Acad Med 51:75-79, 1975.
- 32. Cole P: Cancer of the lower urinary tract. In Schottenfeld D (ed), Cancer Epidemiology and Prevention: Current Concepts. Charles C. Thomas, Springfield, Illinois, 1975.
- 33. Gutensohn N, Li F, Johnson R, Cole P: Hodgkin's disease, tonsillectomy and family size. N
 Engl J Med 292:22-25, 1975.
- 34. Simon D, Yen S, Cole P: Coffee drinking and cancer of the lower urinary tract. *J Natl_Cancer Inst* 54:587-591, 1975.
- 35. Cole P: Environmental factors in breast cancer: The epidemiologic evidence. Proceedings of the XIth International Cancer Congress. Excerpta Medica, 1975.
- 36. Cole P, Goldman M: Occupation. Chapter 11 in Fraumeni JF (ed), Persons at High Risk of Cancer: An Approach to Cancer Etiology and Control. Academic Press, New York, 1975.
- 37. Ory H, Cole P, MacMahon B, Hoover R: Oral contraceptives and reduced risk of benign breast diseases. N Engl J Med 294:419-422, 1976.
- 38. Cole P: What should the physician ask? Cancer 37:434-436, 1976.
- 39. Morrison A, Cole P: Epidemiology of bladder cancer. In Prout GR (ed), *Urologic Clinics of North America*, Vol 3, No 1. WB Saunders, Philadelphia, February 1976.

- 40. Bunker JP, Donahue VC, Cole P, Notman M: Elective hysterectomy: Pro and con. N Engl J Med 295:264-268, 1976.
- 41. Hoover R, Gray LA Sr, Cole P, MacMahon B: Menopausal estrogens and breast cancer. N Engl J Med 295:401-405, 1976.
- 42. Cole P, MacMahon B, Brown J: OEstrogen profiles of parous and nulliparous women. Lancet 2:596-599, 1976.
- 43. Grufferman S, Duong T, Cole P: Occupation and Hodgkin's disease. J Natl Cancer Inst 57:1193-1195, 1976.
- 44. Herbst A, Cole P, Colton T, et al: Age-incidence and risk of DES-related clear cell adenocarcinoma of the vagina and cervix. Am J Obstet Gynecol 128:43-50, 1977.
- 45. Grufferman S, Cole P, Smith P, Lukes RJ: Hodgkin's disease in siblings. N Engl J Med 296:248-250, 1977.
- 46. Cole P: Cancer and occupation: Status and needs of epidemiologic research. Cancer 39:1788-1791, 1977.
- 47. Cole P: Oral contraceptives and breast neoplasia. Cancer 39:1906-1908, 1977.
- 48. Gutensohn N, Cole P: Epidemiology of Hodgkin's disease in the young. Int J Cancer 19:595-604, 1977.
- 49. Sloan GM, Cole P, Wilson RE: Risk indicators of <u>de novo</u> malignancy in renal transplant recipients. *Transplant Proc* 9:1129-1132, 1977.
- 50. Isselbacher KJ, Cole P: Saccharin the bitter sweet (editorial), N Engl J Med 296:1348-1350, 1977.
- 51. Cole P, Cramer D: Diet and cancer of endocrine target organs. Cancer 40:434-437, 1977.
- 52. Cole P, Berlin J: Elective hysterectomy. Am J Obstet Gynecol 129:117-123, 1977.
- 53. Elwood JM, Cole P, Rothman K, Kaplan S: Epidemiology of endometrial cancer. *J Natl Cancer Inst* 59:1055-1060, 1977.
- 54. Peyster RG, Kalisher L, Cole P: Mammographic parenchymal patterns and prevalence of breast cancer. Radiology 125:387-391, 1977.
- 55. Herbst AL, Scully RE, Robboy SJ, et al: Abnormal development of the human genital tract following prenatal exposure to diethylstilbestrol. In Hiatt H, Watson J, Winsten I (eds), Origins of Human Cancer. Cold Spring Harbor Laboratory, pp 399-412, 1977.
- 56. Herbst AL, Cole P: Epidemiologic and clinical aspects of clear cell adenocarcinoma in young women. In Herbst AL (ed), Intrauterine Exposure to Diethylstilbestrol in the Human.

 Proceedings of "Symposium on DES," 1977. The American College of Obstetricians and Gynecologists, February 1978.
- 57. Cole P, Elwood JM, Kaplan S: Incidence rates and risk factors of benign breast neoplasms. Am J Epidemiol 108:112-120, 1978.
- 58. Hoover R, Bain C, Cole P, MacMahon B: Oral contraceptive use: Association with frequency of hospitalization and chronic disease risk indicators. Am J Public Health 68:335-341, 1978.
- 59. Cole P, Cramer D, Yen S, et al: Estrogen profiles of premenopausal women with breast cancer. Cancer Res 38:745-748, 1978.

- 60. Cole, P: Epidemiology. In Gusberg SB, Frick HC (eds), *Gynecologic Oncology*. The Williams and Wilkins Company, Baltimore, 1978.
- 61. Cole P, Morrison A: Basic issues in cancer screening. In Miller AB (ed), Screening in Cancer. UICC Technical Report Series, Vol 40, Union Internationale Contre le Cancer, Geneva, 1978.
- 62. Cooper J, Saracci R, Cole P: Describing the validity of carcinogen screening tests. Brit J Cancer 39:87-89, 1979.
- 63. Cole P: Screening An epidemiologic approach. In Fair R (ed.), Selected Proceedings from the Symposium on Ocular and Systemic Disorders. American Optometric Association, St. Louis, Missouri, 1978.
- 64. Cole P: The evolving case-control study. J Chronic Dis 32:15-27, 1979.
- 65. Grufferman S, Cole P, Levitan TR: Evidence against transmission of Hodgkin's disease in high schools. N Engl J Med 300:1006-1011, 1979.
- 66. Johnson L, Driscoll S, Hertig A, et al: Vaginal adenosis in stillborns and meonates exposed to diethylstilbestrol and steroidal estrogens and progestins. Obstet and Gynecol 53:671-679, 1979.
- 67. Morrison A, Cole P: Epidemiology of urologic cancers. In Javadpour N (ed), Principles and Management of Urologic Cancer. The Williams and Wilkins Company, Baltimore, 1979.
- 68. Austin H, Wynder E, Cole P: Breast cancer among Black American women. Int J Cancer 24:541-544, 1979.
- 69. Herbst A, Cole P, Norusis M, et al: An analysis of 384 registry cases of clear cell adenocarcinoma. Am J Obstet Gynecol 135:876-883, 1979.
- 70. Cole P: Some epidemiological aspects of cancer prevention (1979 Gordon Richards Memorial Lecture). Cancer in Ontario, 1979. Report of the Ontario Cancer Treatment and Research Foundation.
- 71. Herbst A, Scully R, Robboy S, et al: Diethylstilbestrol in pregnancy. Proceedings of the Eppley Institute for Cancer Research 1979:5-14. Omaha, Nebraska.
- 72. Cole P: Oral contraceptives and endometrial cancer (editorial). N Engl J Med 302:575-576, 1980.
- 73. Cole P, Morrison A: Basic issues in population screening for cancer. *J Natl Cancer Inst* 64:1263-1272, 1980.
- 74. Cole P, Merletti F: Chemical agents and occupational cancer. J of Environ Path and Toxicol 3:399-417, 1980.
- 75. Gutensohn N, Cole P: The epidemiology of Hodgkin's disease. Sem Oncol 7:92-102, 1980.
- 76. Trichopoulos D, Cole P, Brown JB, et al: OEstrogen profiles of primiparous and nulliparous women in Athens. J Natl Cancer Inst 65:43-46, 1980.
- 77. Cole P: Major aspects of the epidemiology of breast cancer. Cancer 46:865-867, 1980.
- 78. Cole P: Introduction. Chapter one in Breslow N, Day N (eds), Statistical Methods in Cancer Research, Volume 1 The Analysis of Case-Control Studies. IARC Scientific Publications No. 32, Lyon, France, 1980.

- 79. Hoar S, Morrison A, Cole P, et al: An occupation and exposure linkage system for the study of occupational carcinogenesis. *J Occ Med* 22:722-726, 1980.
- 80. MacMahon B, Andersen A, Brown J, et al: Urine estrogen profiles in European countries with high or low breast cancer rates. European Journal of Cancer 16:1627-1632, 1980.
- 81. Cole P: Analytic epidemiology. In Proceedings of the 1980 International Symposium on Cancer, pp. 25-34, Grune and Stratton, New York, New York, 1980.
- 82. Gutensohn N, Cole P: Epidemiology of Hodgkin's Disease. In Coltman CA, Golomb HM (eds) Hodgkin's and Non-Hodgkin's Lymphomas, Grune and Stratton, New York, New York, 1980.
- 83. Gutensohn N, Cole P: Childhood social environment and Hodgkin's disease. N Engl J Med 304:135-140, 1981.
- 84. Cole P: Estrogens and progesterone in human breast cancer. Banbury Report 8: Hormones and Breast Cancer, pp. 109-113, Cold Spring Harbor, New York, 1981.
- 85. Cole P, Austin H: Breast self-examination: An adjuvant to early cancer detection (editorial). Am J Pub Health 71:572-574, 1981.
- 86. Brisson J, Merletti F, Sadowsky N, et al: Mammographic features of the breast and breast cancer risk. Am J Epidemiol 115:428-437, 1982.
- 87. Brisson J, Sadowsky N, Twaddle J, et al: The relation of mammographic features of the breast to breast cancer risk factors. *Am J Epidemiol* 115:438-443, 1982.
- 88. Morrison A, Cole P: Urinary tract. Chapter 54 in Schottenfeld D, Fraumeni JF (eds), Cancer Epidemiology and Prevention, W. B. Saunders Company, Philadelphia, PA, 1982.
- 89. MacMahon B, Trichopoulos D, Brown J, et al: Age at menarche, probability of ovulation and breast cancer risk. Int J Cancer 30:427-431, 1982.
- 90. MacMahon B, Trichopoulos D, Cole P, et al: Cigarette smoking and urinary estrogens. Engl J Med 307: 1062-1065, 1982.
- 91. Cole P: Epidemiologic clues to host factors in human carcinogenesis. In Armstrong B, Bartsch H (eds), Host Factors in Human Carcinogenesis. IARC Scientific Publication No. 39, Lyon, France, 1982.

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- 92. MacMahon B, Cole P, Brown J, et al: Urine estrogens, frequency of ovulation and breast cancer risks: A case-control study in premenopausal women. J Natl Cancer Inst 70:247-250, 1983.
- 93. Greenberg R, Grufferman S, Cole P: An evaluation of space-time clustering in Hodgkin's disease. *J Chron Dis* 36:257-262, 1983.
- 94. Simard, A, Vauclair R, Cole P, et al: Pulmonary cytology in foundry workers. *J Chron Dis* 36:617-623, 1983.
- 95. Cole P, Austin H: The Role of the Epidemiologist. In Newell G (ed), The Practice of Cancer Prevention in Clinical Medicine, pp. 5-17, The Raven Press, New York, New York, 1983.
- 96. Morrison A, Cole P, Maclure K: Epidemiology of urologic cancers. Chapter two in Javadpour N (ed), Principles and Management of Urologic Cancer, Second Edition, Williams and Wilkins, Baltimore, Maryland, 1983.
- 97. Cole P, Merletti, F: Occupational Cancer. Chapter 15 in Bourke GJ (ed), The Epidemiology of Cancer. Croome Helm, Ltd., Kent, England, 1983.

- 98. Trichopoulos D, Yen S, Brown J. et al: The effect of westernization on urine estrogens, frequency of ovulation and breast cancer risks: A study of ethnic Chinese women in the Orient and the U.S.A. Cancer 53:187-192, 1984.
- 99. Brisson J, Morrison A, Kopans D, et al: Height and weight, mammographic features of breast tissue, and breast cancer risk. Am J Epidemiol 119:371-381, 1984.

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- 100. Scherr P, Gutensohn N, Cole P: School contact among persons with Hodgkin's disease.

 J Epidemiol 120:29-38, 1984.
- 101. Hochberg F, Toniolo P, Cole P: Head trauma and seizures as risk factors of glioblastoma.

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Gary B. Johnson, Ph.D.

Managing Engineer

Professional Profile

Dr. Gary Johnson is a Managing Engineer in Exponent's Electrical practice, and is based in Boston, Massachusetts. He specializes in issues pertaining to electrical engineering particularly as they relate to the electrical environment of power systems. Dr. Johnson has extensive experience with the electric and magnetic fields of transmission and distribution systems as well as the audible noise, radio noise, and ozone that may be produced by high voltage power systems. His work has involved the measurement, modeling, and mitigation of the electrical environment of transmission lines, transformer vaults, and underground cables. His experience also involves issues dealing with lightning, electrical transients, and ground currents.

Dr. Johnson has appeared as an expert witness on the corona and field effects of DC and AC transmission lines and been a lecturer at the EPRI Transmission Line Design Seminars. He has made numerous presentations and led several workshops on power line design and the electrical environment. As part of his investigations of the electrical environment, Dr. Johnson developed an instrumentation system to measure the charge-size distribution of aerosols.

Dr. Johnson has also performed engineering studies related to power system fields, corona, and ground currents for several clients. He helped develop digital magnetic field recorders (STAR, WaveCam, and Pulsar) and techniques for automatic magnetic field mapping. He was a principal investigator in the EPRI research on magnetic field sources and methods of shielding.

His recent efforts have focused on power quality issues. He has investigated the production and magnitude of harmonics and transients on power systems. Prior to joining Exponent, Dr. Johnson was the President of Power Research Engineering, where he worked on engineering issues related to power lines, specializing in the electrical environment and power quality.

Credentials and Professional Honors

Ph.D., Electrical Engineering, University of Illinois, 1979

M.S., Physics, University of Illinois, 1976

B.S., Engineering Physics (Highest Honors), University of Illinois, 1974

Tau Beta Pi; Phi Kappa Phi

Institute of Electrical and Electronic Engineers, Corona and Field Effects Subcommittee (Chairman of AC & DC Fields Working Group); American Association for the Advancement of Science; American Physical Society; BioElectroMagnetics Society

Publications

"Predictive Models of Power-Frequency Residential Magnetic Fields Independent of Outdoor Power Lines," In Press, (with R. Kavet, R.M. Uhlrich, W.T. Kaune, and T. Powers).

"Measurement Instrumentation for Transient Magnetic Fields and Currents," Proceedings, 2001 IEEE Electromagnetic Compatibility Symposium, Montreal, Canada, August 2001, (with J.L. Guttman, J. Niple, and R. Kavet).

"Transient Magnetic Fields and Currents in Residences," Proceedings, 2001 IEEE Electromagnetic Compatibility Symposium, Montreal, Canada, August 2001, (with J.L. Guttman and R. Kavet).

"Instrumentation and Measurement Technology," Proceedings of EMF Engineering Review Symposium- EMF-RAPID Program, Charleston, SC, April 1998.

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"Residential Magnetic Field Sources" Proceedings, 1995 EPRI EMF Seminar, Santa Clara, CA, March 1995.

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"Low Field Transmission Lines: Design Concepts," Proceedings, 1995 CIGRE Study Committee 36 Colloquium, Foz do Aquacu, Brazil, May 1995 (with B.A. Clairmont). "Study on the Human Perception of Hybrid Fields," Proceedings, 1995 CIGRE Study Committee 36 Colloquium, Foz do Aquacu, Brazil, May 1995 (with B.A. Clairmont and S. Zelingher).

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- "Magnetic Field Sources in Nonresidential Settings" Proceedings, 1991 EPRI Science and Communication Seminar, San Jose, CA, October 1991.
- "Magnetic Field Management: Residential Low-Voltage Grounding," Proceedings, 1991 EPRI Science and Communication Seminar, San Jose, CA, October 1991.
- "A Comparison of International Grounding Practices and Associated Magnetic Fields," Proceedings, 1991 IEEE T&D Conference, Dallas, TX, September 1991 (with G.B. Rauch, P. Johnson, A. Stamm, S. Tomita, and J. Swanson).
- "Research Facility for the Study of Power System Magnetic Fields," Proceedings, 1991 IEEE T&D Conference, Dallas, TX, September 1991 (with L.E. Zaffanella and G.B. Rauch.
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- "Measurement of Space Charge Density Using a Faraday Cage," Proceedings, 6th International Symposium on High Voltage Engineering, Paper 42.32, New Orleans, LA, August 1989.
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Workshops/Seminars

- "Proposed IEEE Standard 1556: Public Impacts," Panel Session: Electric and Magnetic Field Exposure Standards for the Public and Workers: 0 3 kHz, IEEE Power Engineering Society Summer Meeting, Vancouver, Canada, 2001.
- "Power System Magnetic Fields," GPU Workshop, EPRI Power Delivery Center-Lenox, MA 1997.
- "Measurement of Residential Magnetic Fields," Yankee Conference, Massachusetts Environmental Health Association, Westborough, MA, 1995.
- "Residential Sources and Exposure," EMF Health Research: State of the Science, Harvard School of Public Health, Boston, MA, 1995
- "Power System Magnetic Field Management Seminar," HVTRC, Lenox, MA, 1994.
- "EMF in Substations," IEEE Workshop, Los Angeles, CA, May 1994.
- "Proceedings: Substation Magnetic Field Workshop," EPRI Workshop, Palo Alto, CA, EPRI Report on RP 2942-41, TR 101852, April 1993.
- "Distribution Magnetic Field Management Workshop," HVTRC, Lenox, MA, 1992; Washington, DC, 1993.
- "End Use Magnetic Field R&D Workshop," EPRI Workshop, Raleigh, NC, 1992.
- "EPRI Electrical Potpourri Seminar," Palo Alto, CA, 1990, Haslet, TX, 1991.
- "Magnetic Field Considerations: Low Voltage Grounding," EPRI Workshop, Colorado Springs, CO, 1991.
- "Power System Magnetic Field Measurement Workshop," HVTRC, Lenox, MA, 1988 to 1995.
- "EPRI High Voltage Transmission Line Design Seminar," HVTRC, Lenox, MA, 1982 to 1992.

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Education:

Bachelor of Science in Biology, June, 1978, Eastern Connecticut State University, Willimantic, CT

Master of Business Administration, May 2003, University of New Haven, CT

Experience:

September 1978 to July 1980 - American Chemical & Refining, Precious Metal Recovery Laboratory Supervisor

July 1980 to March 1985 - United Illuminating, Assistant Supervisor of Environmental Laboratory

April 1985 to August 1988 - United Illuminating, Supervisor of Environmental Reporting & Support Services.

August 1988 to August 1990 - United Illuminating, Manager of Environmental Licensing & Regulatory Affairs. Siting, environmental permits & licenses, environmental remediation, biological effects of AC fields, legislative and regulatory review.

August 1990 to March 1994 - United Illuminating, Manager of Environmental Audit & Special Projects

March 1994 to April 1999 - United Illuminating, Manager of Environmental Issues & Audit

April 1999 to February 2001 - United Illuminating, Director of Environmental & Safety

February 2001 to present - United Illuminating, Process Leader of Environmental, Safety & Real Estate

Other Experiences:

Member of Advisory Committee serving the Connecticut Interagency EMF Task Force, 1991 to present.

Industry and Professional Affiliations

Edison Electric Institute - EMF Task Force, 1990 to present. EMF Steering Committee, 1995 to present. EMF Task Force/EMF Steering Committee Chair, 1997-1999.

Electric Power Research Institute (EPRI) EMF Research Committee, 1990 to 2004

Member - University of Connecticut Institute of Water Resources Advisory Board

Director - National Audubon, Connecticut Board

Director - Gateway Community College Foundation