

## **SECTION 3: THE EXISTING PUBLIC EXPOSURE STANDARDS**

### **The US Federal Communications Commission (FCC) Exposure Standard Recommendations**

In the United States, the Federal Communications Commission (FCC) enforces limits for both occupational exposures (in the workplace) and public exposures. The exposure limits are variable according to the frequency (in megahertz) and the duration of exposure time (6 minutes for occupational and 30 minutes for public exposures). Table 3.1 show exposure limits for occupational and uncontrolled public access to radiofrequency radiation such as is emitted from AM, FM, television and wireless sources through the air. As an example, 583 microwatts/cm<sup>2</sup> ( $\mu\text{W}/\text{cm}^2$ ) is the public limit for the 875 MHz cell phone wireless frequency and 1000  $\mu\text{W}/\text{cm}^2$  is the limit for PCS frequencies in the 1800 – 1950 MHz range averaged over 30 minutes. The limits in Table 3.1 would pertain to exposures in the vicinity of transmitting antennas (not devices like cell phones, for which exposure limits are shown in Table 3.2).

The FCC is required by the National Environmental Policy Act of 1969 to evaluate the effect of emissions from FCC-regulated transmitters on the quality of the human environment. At the present time there is no federally-mandated radio frequency (RF) exposure standard. However, several non-government organizations, such as the American National Standards Institute (ANSI), the Institute of Electrical and Electronics Engineers, Inc. (IEEE), and the National Council on Radiation Protection and Measurements (NCRP) have issued recommendations for human exposure to RF electromagnetic fields. The FCC has endorsed these recommendations, and enforces compliance. <http://www.fcc.gov/oet/rfsafety/>

**Table 3.1 FCC LIMITS FOR MAXIMUM PERMISSIBLE EXPOSURE (MPE)**

**(A) Limits for Occupational/Controlled Exposure**

Frequency Range (MHz)	Electric Field Strength (E) (V/m)	Magnetic Field Strength (H) (A/m)	Power Density (S) (mW/cm <sup>2</sup> )	Averaging Time [E] <sup>2</sup> [H] <sup>2</sup> or S (minutes)
0.3-3.0	614	1.63	(100)*	6
3.0-30	1842/f	4.89/f	(900/f <sup>2</sup> )*	6
30-300	61.4	0.163	1.0	6
300-1500			f/300	6
1500-100,000			5	6

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**(B) FCC Limits for General Population/Uncontrolled Exposure**

Frequency Range (MHz)	Electric Field Strength (E) (V/m)	Magnetic Field Strength (H) (A/m)	Power Density (S) (mW/cm <sup>2</sup> )	Averaging Time [E] <sup>2</sup> [H] <sup>2</sup> or S (minutes)
0.3-3.0	614	1.63	(100)*	30
3.0-30	824/f	2.19/f	(180/f <sup>2</sup> )*	30
30-300	27.5	0.073	0.2	30
300-1500	--	--	f/1500	30
1500-100,000	--	--	1.0	30

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f = frequency in MHz

\*Plane-wave equivalent power density

NOTE 1: *Occupational/controlled* limits apply in situations in which persons are exposed as a consequence of their employment provided those persons are fully aware of the potential for exposure and can exercise control over their exposure. Limits for occupational/controlled exposure also apply in situations when an individual is transient through a location where occupational/controlled limits apply provided he or she is made aware of the potential for exposure.

NOTE 2: *General population/uncontrolled* exposures apply in situations in which the general public may be exposed, or in which persons that are exposed as a consequence of their employment may not be fully aware of the potential for exposure or can not exercise control over their exposure.

Source: OET, 1997.

**FCC Guidelines for Cell and PCS Phones (and other radiofrequency emitting**

devices)

Cell phones and portable transmitting devices that operate in the Cellular Radiotelephone Service, the Personal Communications Services (PCS), the Satellite Communications Services, the Maritime Services (ship earth stations only) and the Specialized Mobile Radio (SMR) Service are subject to routine environmental (not health) evaluation for RF exposure prior to equipment authorization or use by the FCC. Section 2.1093 of the FCC's Rules (47 CFR §2.1093) that apply to "portable" devices. For purposes of these requirements a portable device is defined as a transmitting device designed to be used so that the radiating structure(s) of the device is/are within 20 centimeters of the body of the user (OET, 1997).

Cell phones and some other wireless communication devices are regulated by the FCC according to their emissions, which depend on the amount of power absorbed into the body. The metric for measurement is specific absorption rate (SAR) and is expressed in watts per kilogram of tissue. The limit for absorption of radiofrequency radiation is limited to 1.6 W/kg within 1 gram of human tissue. This limit has been recommended for change (relaxation) by the IEEE in April of 2006. If adopted by the FCC, this amount of heat or 1.6 W/Kg would be measured over 10 times as much tissue (10 grams) so that far higher heating is possible from these devices over small amounts of tissue (would be far less strict than the current limit, if adopted). More cell phone and related PDA devices would then comply be able with the looser standard, and the public could potentially receive much higher radiofrequency radiation exposures, and it would be in compliance (legal).

“The SAR criteria to be used are specified below and apply for portable devices transmitting in the frequency range from 100 kHz to 6 GHz. The limits used for evaluation are based generally on criteria published by the Institute of Electrical and Electronics Engineers, Inc., (IEEE) for localized specific absorption rate ("SAR") in Section 4.2 of "IEEE Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3 kHz to 300 GHz," ANSI/IEEE C95.1-1992.

These criteria for SAR evaluation are similar to those recommended by the National Council on Radiation Protection and Measurements (NCRP) in "Biological Effects and Exposure Criteria for Radiofrequency Electromagnetic Fields," NCRP Report No. 86, Section 17.4.5. Copyright NCRP, 1986, Bethesda, Maryland 20814.”

**(1) FCC Limits for Occupational/Controlled exposure:** 0.4 W/kg as averaged over the whole-body and spatial peak SAR not exceeding 8 W/kg as averaged over any 1 gram of tissue (defined as a tissue volume in the shape of a cube). Exceptions are the hands, wrists, feet and ankles where the spatial peak SAR shall not exceed 20 W/kg, as averaged over any 10 grams of tissue (defined as a tissue volume in the shape of a cube).

Occupational/Controlled limits apply when persons are exposed as a consequence of their employment provided these persons are fully aware of and exercise control over their

exposure. Awareness of exposure can be accomplished by use of warning labels or by specific training or education through appropriate means, such as an RF safety program in a work environment (OET, 1997).

**(2) FCC Limits for General Population/Uncontrolled exposure:** 0.08 W/kg as averaged over the whole-body and spatial peak SAR not exceeding 1.6 W/kg as averaged over any 1 gram of tissue (defined as a tissue volume in the shape of a cube). Exceptions are the hands, wrists, feet and ankles where the spatial peak SAR shall not exceed 4 W/kg, as averaged over any 10 grams of tissue (defined as a tissue volume in the shape of a cube). General Population/Uncontrolled limits apply when the general public may be exposed, or when persons that are exposed as a consequence of their employment may not be fully aware of the potential for exposure or do not exercise control over their exposure. Warning labels placed on consumer devices such as cellular telephones will not be sufficient reason to allow these devices to be evaluated subject to limits for occupational/controlled exposure (OET, 1997).

In the United States, two professional societies - the Institute of Electrical and Electronics Engineers, Inc. (IEEE) and the National Council for Radiation Protection and Measurements (NCRP) develop recommendations for safety standards. . The IEEE charter calls itself the world's leading professional association for the advancement of technology, as well as the instigator of public safety standards. The IEEE recommendations have historically been endorsed by the American National Standards Institute (ANSI) and finally considered by the FCC for implementation. The US Federal Communications Commission (FCC) may then take the recommendations and adopt them as mandatory exposure limits. Several standard-setting processes have occurred like this in the last few decades.

The most recent IEEE recommendations for 3 kHz to 300 GHz were developed in 2006 (IEEE, 2006). Rather than lower the existing limits for radiofrequency and microwave radiation exposure, they greatly increase the exposure limits. This is perplexing since it ignores or discounts a large body of scientific evidence clearly documenting biologically-relevant changes at levels LOWER (much lower) than the existing standards.

### **ICNIRP Guidelines (International Radiofrequency Guidelines)**

In April 1998, the International Commission on Non-Ionizing Radiation Protection (ICNIRP) published guidelines for limiting exposure to time-varying electric, magnetic and electromagnetic fields in the frequency range up to 300 GHz.. These guidelines replaced previous advice issued in 1988 and 1990. The main objective of the ICNIRP Guidelines is to establish guidelines for limiting EMF exposure that will provide protection against known adverse health effects (ICNIRP, 1998). An adverse health effect is defined by ICNIRP as one which causes detectable impairment of the health of the exposed individual or of his or her offspring; a biological effect, on the other hand, may or may not result in an adverse health effect.

The guidelines presented in Table 3.2 apply to occupational and public exposure.

**Table 3.2 ICNIRP Basic restrictions for time varying electric and magnetic fields for frequencies up to 10 GHz.**

Exposure characteristics	Frequency range	Current density for head and trunk (mA m <sup>-2</sup> )(rms)	Whole-body average SAR (W kg <sup>-1</sup> )	Localized SAR (head and trunk) (W kg <sup>-1</sup> )	Localized SAR (limbs) (W kg <sup>-1</sup> )
<b>Occupational exposure</b>	up to 1 Hz	40	—	—	—
	1–4 Hz	40/ <i>f</i>	—	—	—
	4 Hz–1 kHz	10	—	—	—
	1–100 kHz	<i>f</i> /100	—	—	—
	100 kHz–10 MHz	<i>f</i> /100	0.4	10	20
	10 MHz–10 GHz		0.4	10	20
<b>General public exposure</b>	up to 1 Hz	8	—	—	—
	1–4 Hz	8/ <i>f</i>	—	—	—
	4 Hz–1 kHz	2	—	—	—
	1–100 kHz	<i>f</i> /500	—	—	—
	100 kHz–10 MHz	<i>f</i> /500	0.08	2	4
	10 MHz–10 GHz		0.08	2	4

Notes:

1. *f* is the frequency in hertz.
2. Because of electrical inhomogeneity of the body, current densities should be averaged over a cross-section of 1 cm<sup>2</sup> perpendicular to the current direction.
3. For frequencies up to 100 kHz, peak current density values can be obtained by multiplying the rms value by %2 (~1.414). For pulses of duration *t* the equivalent frequency to apply in the basic restrictions should be calculated as  $f = 1/(2t)$ . For frequencies up to 100 kHz and for pulsed magnetic fields, the maximum current density associated with the pulses can be calculated from the rise/fall times and the maximum rate of change of magnetic flux density. The induced current density can then be compared with the appropriate basic restriction.
4. All SAR values are to be averaged over any 6-minute period.
5. Localized SAR averaging mass is any 10 g of contiguous tissue; the maximum SAR so obtained should be the value used for the estimation of exposure.
6. For pulses of duration *t* the equivalent frequency to apply in the basic restrictions should be calculated as  $f = 1/(2t)$ . Additionally, for pulsed exposures, in the frequency range 0.3 to 10 GHz and for localized exposure of the head, in order to limit or avoid auditory effects caused by thermoelastic expansion, an additional basic restriction is recommended. This is that the SA should not exceed 10 mJ kg<sup>-1</sup> for workers and 2 mJ kg<sup>-1</sup> for the general public averaged over 10 g tissue.

In the frequency range from a few Hz to 1 kHz, for levels of induced current density above 100 mA m<sup>-2</sup>, the thresholds for acute changes in central nervous system excitability and other acute effects such as reversal of the visually evoked potential are exceeded. In view of the safety considerations above, it was decided that, for frequencies in the range 4 Hz to 1 kHz, occupational exposure should be limited to fields that induce current densities less than 10 mA m<sup>-2</sup>, i.e., to use a safety factor of 10. For the general public an additional factor of 5 is applied, giving a basic exposure restriction of 2 mA m<sup>-2</sup>. Below 4 Hz and above 1 kHz, the basic restriction on induced current density increases progressively.

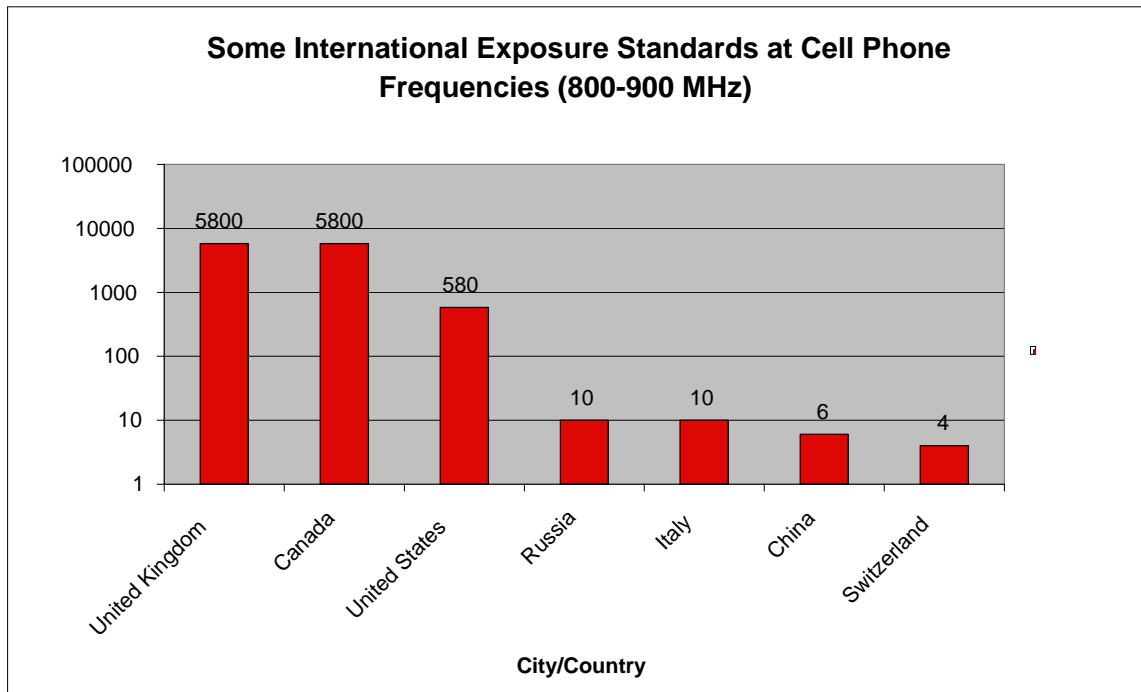
ICNIRP maintains that guidelines for limiting exposure have been developed following a thorough review of all published scientific literature (ICNIRP, 1998).

“The criteria applied in the course of the review were designed to evaluate the credibility of the various reported findings (Repacholi and Stolwijk 1991; Repacholi and Cardis 1997); only established effects were used as the basis for the proposed exposure restrictions. Induction of cancer from long-term EMF exposure was not considered to be established, and so these guidelines are based on short-term, immediate health effects such as stimulation of peripheral nerves and muscles, shocks and burns caused by touching conducting objects, and elevated tissue temperatures resulting from absorption of energy during exposure to EMF. In the case of potential long-term effects of exposure, such as an increased risk of cancer, ICNIRP concluded that available data are insufficient to provide a basis for setting exposure restrictions, although epidemiological research has provided suggestive, but unconvincing, evidence of an association between possible carcinogenic effects and exposure at levels of 50/60 Hz magnetic flux densities substantially lower than those recommended in these guidelines. In-vitro effects of short-term exposure to ELF or ELF amplitude-modulated EMF are summarized. Transient cellular and tissue responses to EMF exposure have been observed, but with no clear exposure–response relationship. These studies are of limited value in the assessment of health effects because many of the responses have not been demonstrated in vivo. Thus, in-vitro studies alone were not deemed to provide data that could serve as a primary basis for assessing possible health effects of EMF.” (ICNIRP, 1998) <http://www.icnirp.de>

### **Guidelines and Limits (Other Countries)**

On the other hand, some countries in the world have established new, low-intensity based exposure standards that respond to studies reporting effects that do not rely on heating. Consequently, new exposure guidelines are hundreds or thousands of times lower than those of IEEE and ICNIRP. Table 3.3 shows some of the countries that have lowered their limits, for example, in the cell phone frequency range of 800 MHz to 900 MHz. The levels range from 10 microwatts per centimeter squared in Italy and Russia to 4.2 microwatts per centimeter squared in Switzerland. In comparison, the United States and Canada limit such exposures to only 580 microwatts per centimeter squared (at 870 MHz) and then averaged over a time period (meaning that higher exposures are allowed for shorter times, but over a 30 minute period, the average must be 580 microwatts per centimeter squared or less at this frequency). The United Kingdom allows one hundred times this level, or 5800 microwatts per centimeter squared. Higher frequencies have higher safety limits, so that at 1000 MHz, for example, the limit is 1000 microwatts per centimeter squared (in the United States). Each individual frequency in the radiofrequency radiation range needs to be calculated. These are presented as reference points only. Emerging scientific evidence has encouraged some countries to respond by adopting planning targets, or interim action levels that are responsive to low-intensity or non-thermal radiofrequency radiation bioeffects and health impacts.

Table 3.3 Some International Exposure Standards at Cell Phone Frequencies



Professional bodies from technical societies like IEEE and ICNIRP continue to support “thermal-only” guidelines routinely defend doing so a) by omitting or ignoring study results reporting bioeffects and adverse impacts to health and wellbeing from a very large body of peer-reviewed, published science because it is not yet “proof” according to their definitions; b) by defining the proof of “adverse effects” at an impossibly high a bar (scientific proof or causal evidence) so as to freeze action; c) by requiring a conclusive demonstration of both “adverse effect” and risk before admitting low-intensity effects should be taken into account; e) by ignoring low-intensity studies that report bioeffects and health impacts due to modulation; f) by conducting scientific reviews with panels heavily burdened with industry experts and under-represented by public health experts and independent scientists with relevant low-intensity research experience; g) by limiting public participation in standard-setting deliberations; and other techniques that maintain the status quo.

Much of the criticism of the existing standard-setting bodies comes because their contributions are perceived as industry-friendly (more aligned with technology investment and dissemination of new technologies) rather than public health oriented. The view of the Chair of the latest IEEE standard-setting ICES Eleanor Adair is made clear by Osepchuk and Petersen (2003) who write in the abstract of their paper “*her goal and the goal of ICES is to establish rational standards that will make future beneficial applications of RF energy credible to humanity.*” Authors Osepchuk and Petersen note that “*(I)t is important that safety standards be rational and avoid excessive safety margins.*” The authors specifically dismiss the body of evidence for low-intensity effects with “*(A)lthough the literature reporting “athermal” bioeffects of exposure to*

*microwave/RF energy (other than electrostimulation) is included in the review process, it has been found to be inconsistent and not useful for purposes of standard-setting.”*

This report addresses the substantial body of evidence reporting low-intensity effects from electromagnetic fields (both power-frequency fields in the ELF range, and radiofrequency/microwave fields at exposure levels that do not involve any heating. It also addresses the inconsistency in the literature quoted as the basis for retaining thermal-only exposure standards (see particularly the Genotoxics Section 6 where half of more of the published papers report negative effects and half positive effects).

## **References**

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OET 1997. Office of Engineering Technology, Federal Communications Commission Bulletin 65 97-01, August 1997. <http://www.fcc.gov/oet/rfsafety>

Osepchuk JM Petersen RC. 2003. Historical Review of RF Exposure Standards and the International Committee on Electromagnetic Safety (ICES). Bioelectromagnetics Supplement 6:S7-16. Osepchuk is a former employee of Raytheon. Petersen is a former employee of Bell Labs and Lucent Technologies. Both are independent industry consultants in their retirement.