

**REBUTTAL TESTIMONY  
OF  
PHILIP COLE, MD  
ON BEHALF OF  
VIRGINIA ELECTRIC AND POWER COMPANY  
BEFORE THE  
STATE CORPORATION COMMISSION OF VIRGINIA  
CASE NO. PUE-2007-00031**

1 **Q. Please state your name, position and employment history.**

2 A. My name is Philip Cole, and I am a professor *emeritus* of Epidemiology at the University  
3 of Alabama at Birmingham (“UAB”) and served as Chairman of the Department of  
4 Epidemiology from 1981 to 1994. After nearly 40 years of work in this field, I continue  
5 to teach and to conduct research at UAB. Also, I am engaged in consulting activities of  
6 several types. My business and home addresses are the same and are given in my  
7 *curriculum vitae*, which is included as Rebuttal Attachment PC-1.

8 **Q. Please describe your professional and academic background.**

9 A. My *curriculum vitae* describes my education, certifications and career-long  
10 accomplishments. Briefly, I am a physician licensed to practice medicine in Alabama. I  
11 also hold a master’s degree and a doctorate in Epidemiology from Harvard University  
12 and am Board Certified in Preventive Medicine. I regularly teach in the area of general  
13 epidemiology and cancer epidemiology (the study of the causes of cancer in man). I have  
14 published more than 200 articles primarily relating to cancer epidemiology and in the  
15 peer-reviewed literature.

1 **Q. What is your previous testimonial experience?**

2 A. I have given testimony on numerous prior occasions relating to electric and magnetic  
3 fields (EMF) and concerns about cancer. This includes appearances before the State  
4 Corporation Commission in five transmission line cases, Case No. PUE-1991-00043  
5 involving the Joshua Falls transmission line, Case No. PUE-1992-00058 involving the  
6 Clover-Carson line, Case No. PUE-2002-00702 involving the Brambleton-Greenway  
7 line, Case No. 2005-00018 involving the Pleasant View-Hamilton line and Case No.  
8 PUE-2006-00091 involving the Garrisonville project.

9 **Q. What is the purpose of your rebuttal testimony?**

10 A. My testimony addresses the issue of EMF and its effects, if any, on human health.

11 **Q. What is the general status of research on the issue?**

12 A. The question of EMF as a possible cause of cancer in human beings has been investigated  
13 by epidemiologists in more than 200 studies, now spanning 28 years. There also have  
14 been hundreds of animal and molecular studies reported. In addition, innumerable  
15 reviews of the question have been prepared both by academic and regulatory bodies.

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

1 **Q. Are you familiar with a “California study” regarding the health effects of EMF?**

2 A. Yes. This was a report authored by Dr. R. Neutra and others of the California  
3 Department of Health Services (“CDHS”). This report is dated June 2002 and entitled,  
4 “An evaluation of the possible risks from electric and magnetic fields (EMFs), from  
5 power lines, internal wiring, electrical occupations, and appliances” (hereafter, the  
6 “Report”).

7 **Q. How would you describe the Report?**

8 A. The Report should not be characterized as a research study as it provides no new or  
9 original information on the health effects of EMF. Further, it was not subjected to peer  
10 review. Rather, it is an effort on the part of its authors to synthesize their own viewpoints  
11 and subjective assessments of the existing epidemiologic literature. It is not clear that the  
12 Report includes findings from animal and basic science studies – which lie outside the  
13 areas of expertise of its authors – and nearly all of which are negative with regard to  
14 health effects of EMF.

15 **Q. Do you regard the Report as valid?**

16 A. In addition to the lack of new or original information and the lack of peer review, there  
17 are two additional very important aspects of the Report that detract from its credibility.  
18 First, the California reviewers were attempting to classify EMF – at least with respect to  
19 its potential carcinogenicity – in the same manner as does the IARC (this does not imply  
20 that they were trying to reach the same goal or to validate the IARC). That being so, it is  
21 unclear that there would be any basis for preferring the judgment of only three employees  
22 of the CDHS (the reviewers) over that of the 21 expert participants in the IARC process.  
23 (*See IARC Monographs, Volume 82, pp. 3 and 4.*) Note too, that one of the three

1 California reviewers (Dr. DelPizzo, a physicist) was also an IARC participant. Second,  
2 the three reviewers involved in the Report are not consistent with one another in their  
3 assessments. For example, and with regard to the seven evaluations made of EMF and  
4 cancer (*see* pp. 376-377 of the Report), the three reviewers vary markedly in their view of  
5 the credibility of causal hypotheses supposedly linking EMF to disease. As a specific  
6 example, with regard to childhood leukemia (the most affirmative set of reviewers'  
7 beliefs), the credibility scores of the three reviewers ranged from 95% (reviewer #1)  
8 down to 55% (reviewer #2). The Report's scoring system also is not readily interpreted.  
9 For example, a score between 40 and 60 is defined as "close to the dividing line between  
10 believing and not believing that EMFs increase the risks to some degree." Note too that  
11 for all seven of the cancers evaluated, the highest score is always that of Dr. DelPizzo.  
12 However, reviewers #2 and #3, while always being less affirmative than Dr. DelPizzo, do  
13 not order themselves consistently. Thus, any representation that the Report supports the  
14 EMF-cancer hypothesis is based almost exclusively on the evaluations of one reviewer,  
15 Dr. DelPizzo.

16 **Q. Has there been other criticism of the Report?**

17 A. Yes. The Minnesota Department of Health ("MDH") also has made an evaluation of the  
18 EMF-health issue and included an evaluation of the Report. The MDH has taken a  
19 position essentially identical to mine – that the Report is limited, unconventional and  
20 unreliable.

21 **Q. Please summarize your conclusions about the Report.**

22 A. With respect to the Report, I note that it is not an original study and it may not have used  
23 all available information on EMF and cancer. It reflects the views of only three persons

1 who were not consistent even among themselves in their judgments. Furthermore, their  
2 judgments were based on a self-assigned credibility score which is not the way by which  
3 scientists ordinarily assess a body of literature. For all these reasons, I place little  
4 confidence in the Report. Nonetheless, it should be noted that the Report does not imply  
5 that EMF is recognized as a cause of cancer in human beings.

6 **Q. During the past decade, epidemiologic and other types of research on EMF and**  
7 **health effects have continued. Are these more recent studies positive, or more**  
8 **persuasive, as to an association between EMF and childhood cancer, particularly**  
9 **leukemia?**

10 A. There has been a moderate amount of research over the past 10 years or so. However, the  
11 most recent studies do not show an association between EMF and childhood cancer.  
12 From a larger perspective, it is clear that the earliest studies (published from 1979  
13 through the 1980's) did show an association. More recent studies, including those  
14 published within the last few years, have been largely negative. The long-term pattern,  
15 then, has been quite characteristic of the picture of a false cause that we see so often in  
16 cancer epidemiology: early, and usually rather crude, studies appear to show associations  
17 and later studies become ever weaker and finally no association is reported.

18 **Q. Are you aware of the study of childhood cancer done in the United Kingdom,**  
19 **published in 2005, and represented as showing a relationship between residential**  
20 **proximity to power lines and childhood leukemia?**

21 A. This is the study by Draper, *et al.* Five factors should be kept in mind when interpreting  
22 this study. First, the study is based on childhood cancer cases and controls dating back to  
23 1962. It relates only to the locations of the children's residences and no measurements  
24 were made of the EMF levels to which the children may have been exposed. In addition,  
25 the 40-year lag between 1962 and when the study was done suggests that the proximity of

1 the children's homes to power lines may have been estimated poorly. Second, the study  
2 related to children with leukemia or with brain cancer. The study is categorically  
3 negative for brain cancer. For leukemia, the association shows an inconsistent  
4 relationship between risk and a child's presumed residential proximity to power lines.  
5 Third, and most importantly, the distribution of the residences of the controls, not those  
6 of the cases, appears to be producing the weakly positive results that were reported.  
7 Fourth, the findings of this study are inconsistent with those of the much more refined,  
8 and measurement-based, results of the 2000 publication of the UK Childhood Cancer  
9 Study Group. That study found no relationship whatever between childhood leukemia  
10 and exposure to EMF or the proximity of the children's homes to power lines. Finally,  
11 the authors of the paper make no claim that they are reporting a causal relationship. They  
12 state, "We have no satisfactory explanation for our results in terms of causation by  
13 magnetic fields or association with other factors." These five considerations, together,  
14 indicate that the results of the study by Draper et al. provide no support for an association  
15 between EMF and childhood cancer. In fact, the study provides some evidence against  
16 any such relationship.

17 **Q. Are you aware of recent meta-analyses that summarize the research on EMF and**  
18 **childhood cancer?**

19 A. During 2000 and 2001, three pooled or meta-analyses were published on this subject.  
20 They vary somewhat in the studies they evaluated and in their methodology. The  
21 conclusions of these three pooled analyses differ somewhat among themselves.  
22 Nonetheless, none of them states that the available evidence supports a causal  
23 relationship between EMF and childhood cancer. I believe the best of the pooled studies  
24 is that of Greenland et al. In its discussion section, this study states that the various

1 problems with the literature and the findings, "...should further expand the considerable  
2 uncertainty apparent in our results."

3 **Q. Do you believe that there are any significant health effects associated with EMF?**

4 A. No. I agree with Virginia Electric and Power Company's ("Dominion Virginia Power"  
5 or the "Company") statements appearing in Section IV.B of its Application in this  
6 proceeding, the essence of which, I believe, is that "The Company is aware of no  
7 demonstrated causal relationship between observed biological responses to EMF and  
8 adverse human health effects. Decades of concentrated research have failed to  
9 establish..." that EMF adversely affects human health. I consider these statements to be  
10 accurate.

11 With regard to Appendix section IV.C, which relates to a possible update of Dominion  
12 Virginia Power's knowledge of research on EMF and health effects, I agree with the  
13 Company's response.

14 **Q. Please summarize your view on the health effects of EMF.**

15 A. During a 28-year period, hundreds of epidemiologic and possibly thousands of other  
16 types of biomedical studies have been conducted on the possible health effects of EMF.  
17 At present, EMF is not recognized as a cause of, or contributor to, any disease of human  
18 beings. In my opinion and based on my knowledge of the EMF literature and of the  
19 history of cancer epidemiology, it is unlikely that EMF will prove to be a cause of cancer  
20 in human beings.

1 Q. **Does the research on smoking and lung cancer help us reach conclusions regarding**  
2 **the health effects of EMF?**

3 A. Yes, in the sense that the two situations are exactly opposite of one another. From the  
4 very first studies done, in 1950, and extending to those done in recent years, the research  
5 on smoking and lung cancer yielded findings that were strong, consistent and biologically  
6 plausible. This led to smoking being officially recognized as a cause of lung cancer in  
7 1964. In contrast, the studies of EMF, and various forms of cancer including childhood  
8 leukemia, always have been weak, inconsistent and implausible. Now, nearly 30 years  
9 after the first EMF studies were reported, EMF is not considered a human carcinogen by  
10 any Agency or official Body that I am aware of.

11 Q. **Does this conclude your rebuttal testimony?**

12 A. Yes, it does.

CURRICULUM VITAE

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Academic  
 Appointment: Professor *Emeritus*  
 Department of Epidemiology  
 School of Public Health  
 Univ. of Alabama at Birmingham

Education:	Michigan State University	B.A.	1960
	University of Vermont	M.D.	1965
	Harvard University	M.P.H.	1967
	Harvard University	Dr.P.H.	1970

Previous positions:

Professor (Chairman, 1981-94) (Emeritus, 1999-) Department of Epidemiology School of Public Health University of Alabama at Birmingham	1979-
Senior Scientist Associate Director for Epidemiology Comprehensive Cancer Center University of Alabama at Birmingham	1979-99 1979-93
Assistant and Associate Professor Professor Department of Epidemiology Harvard School of Public Health	1969-78 1978-79
Consultant in Epidemiology and Biostatistics International Agency for Research on Cancer	1977-78
Surgical Intern, Royal Victoria Hospital Montreal	1965-66

Prepared: January 2, 2008

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

Honors (continued):

Lecturer Delta Omega Society, UAB First Recipient Distinguished Faculty Investigator Award School of Public Health, UAB	1997    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	1969-72
The epidemiology of neoplastic diseases	1973-77
Epidemiologic methods	1976

Teaching (continued):

Principles of epidemiology	1978-79
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
Tufts University-Graduate Summer Session	
Epidemiologic bases of public health policy and law	1986,87
Principles of epidemiology	1994-96
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	
National Research Council of Italy, Siracusa, Sicily	
Introduction to Epidemiology	2003

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, <i>Cancer Research</i>	1982-85
Associate Editor, <i>American Journal of Epidemiology</i>	1982-88
Editorial Board, <i>International Journal of Breast and Mammary Pathology</i>	1984-90
Editorial Board, <i>Fundamental and Applied Toxicology</i>	1984-90
Editorial Board, <i>Breast Diseases</i>	1987-93
Editorial Board, <i>Southern Medical Journal</i>	1990-99
Editorial Board, <i>Cancer Epidemiology, Biomarkers and Prevention</i>	1991-98
Editorial Board, <i>Regulation</i>	1999-01

Other: Chairman of the Faculty, School of Public Health, UAB

1991-95

Publications

1. 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.
2. 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.
6. 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 T, et al: Age at first birth and breast cancer risk. *Bull WHO* 43:209-221, 1970.
9. Cole P, Monson R, Haning H, Friedell G: 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 J, 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 D, Cole P: Viruses and human cancer. *N Engl J Med* 286:70-82, 1972. Reprinted in *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 G: Occupation and cancer of the lower urinary tract. *Cancer* 29:1250-1260, 1972.
18. 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. *Seventh National 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.
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26. Cole P: Epidemiology of human breast cancer. *J Invest Dermatol* 63:133-137, 1974.
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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.
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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.
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53. Elwood J, Cole P, Rothman K, Kaplan S: Epidemiology of endometrial cancer. *J Natl Cancer Inst* 59:1055-1060, 1977.
54. Peyster R, Kalisher L, Cole P: Mammographic parenchymal patterns and prevalence of breast cancer. *Radiology* 125:387-391, 1977.
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