

From: "Simon Chapman" <simon.chapman@sydney.edu.au>
To: <Stephanie.Williams [REDACTED]>
Date: 06/07/2011 02:59 PM
Subject: RE: Wind farm research

Apols – last one was to subscriber only site. Try this <http://tinyurl.com/3tyazjy>

From: Simon Chapman
Sent: Wednesday, July 06, 2011 2:21 PM
To: 'Stephanie.Williams [REDACTED]'
Subject: RE: Wind farm research

<http://www.crikey.com.au/2011/07/06/windfarms-will-make-your-children-hate-school-apparently>

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please spread around, link, tweet etc

From: Stephanie.Williams [REDACTED] [mailto:Stephanie.Williams [REDACTED]]
Sent: Wednesday, April 27, 2011 1:27 PM
To: Simon Chapman
Subject: Wind farm research

Dear Simon,

I hope this finds you well. Thank you for expressing interest in participating in continued discussion on the health effects of wind farms.

One of the action points from the roundtable we had on 31 March (meeting note attached) was for me to make contact with you individually and find a time to discuss potential research questions and methodologies that could be employed to improve our understanding of

broader impacts of wind farms in Victoria.

The NHMRC has tentatively planned a workshop on this topic in early June (6/7th). If there is momentum to pursue further research on the topic, Victoria could have options (even if for feasibility studies) to put on the table.

I believe you are still overseas but cannot remember when you expected to be back in Australia. Either way, I suspect it will be difficult for us to meet (by phone or in person) before NHMRC workshop.

In early March, you did mention some research options during our phone conversation. I made rough notes from this conversation (attached) and pending your approval, I could use this as a starting point of some of your suggestions re: direction for research.

Do let me know what works best for you.

Thanks again,


Kind regards,

Stephanie

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Crikey: 6 July 2011 **Windfarms will make your children hate school, apparently**
by Simon Chapman

The lobby group at the centre of promoting the idea that windfarms cause disease, the Waubra Foundation, last week moved its aggression needle up several notches by sending this melodramatic "Explicit Cautionary Notice" to Australia's wind energy companies and putting them on notice.

 <p>WAUBRA FOUNDATION</p> <p>EXPLICIT CAUTIONARY NOTICE</p> <p>TO THOSE RESPONSIBLE FOR WIND TURBINE SITING DECISIONS</p> <p><u>Including Specifically Directors of Wind Developers, Publicly Elected Officials from Federal, State and Local Government, and Bureaucrats in Relevant Departments</u></p> <p><i>BE ADVISED</i> that, as a result of information gathered from the Waubra Foundation's own field research, and from the clinical and acoustic research available internationally, <i>the following serious medical conditions have been identified in</i></p>	<p>The Waubra Foundation Inc. PO Box 1136 South Melbourne Victoria, 3205 Australia</p> <p>Reg. No. AC05118511 ABN: 65 801 147 788</p> <p>Tel: 61 + 3 8640 0105 E: info@wsubrafoundation.com.au www.waubrafoundation.com.au</p> <p>Medical Director Dr. Sarah Laurie, BMBS (Hinders)</p> <p>Board Tony Hodzson, AM Dr. Sarah Laurie, BMBS Peter R. Mitchell AM, BCL (Chair) Kathy Russell, BCom, CA The Hon. Clive Tadpole, AO The Hon. Dr. Michael Wooldridge, B.Sc. MBMS, MBA</p>
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It makes interesting reading, listing a range of very prevalent health problems that collectively are experienced by millions of Australians (sleep deprivation, hypertension, heart attacks, diabetes, migraine, depression, tinnitus, post traumatic stress, irreversible memory deterioration).

We learn from the Foundation's "medical director" Sarah Laurie, an unregistered doctor, that all of these conditions "correspond directly with the operation of windfarms".

Laurie claims to have conducted "field research" analysis but is not affiliated with any accredited research institution, has not had her research on human subjects approved by any

institutional ethics committee and consequently will find that she is unable to publish her research in any reputable medical journal where formal ethics clearance is of course mandatory whenever human subjects are involved.

Indeed, the NHMRC, which oversees human ethics management standards in Australia, may find itself in an interesting position should Laurie seek to submit her work to any further enquiries it holds.

So far the Foundation has not claimed that congenital malformations, cancer or HIV are associated with exposure to windturbines. But watch this space for surely it cannot be long before the list expands further. My vote for the weirdest claim yet by anti-windfarm advocates is a Wisconsin farmer claiming 600 cattle deaths in three years from stray "electrical current". No reports have been found that his next door neighbour suffered any.

If you run a search in the medical literature for these common conditions and evidence of their association with exposure to wind turbines, you get very slim pickings, as you do on the alleged dangers of infrasound, the sub-audible dimension of sound emitted by turbines. An interesting cluster of work on infrasound though, can be found from a Lisbon based research team who have been busy publishing on what they call "vibroacoustic disease" for a number of years.

One member of their team, Mariana Alves-Pereira, gave a live video presentation at a recent NHMRC forum on windturbines and health. Her presentation apparently mightily excited the Waubra people at the meeting because they are now in close contact.

However, vibroacoustic disease is not a disease recognized in the International Classification of Diseases, the international standard for classifying diseases. The UK's Health Protection Agency reviewed the evidence on infrasound and concluded: "While those working in very high levels of audible noise may suffer some adverse consequences ... there is no evidence that infrasound at levels normally encountered in the environment will lead to the development of vibroacoustic disease. Further this disease itself has not gained clinical recognition... The available data do not suggest that exposure to infrasound below the hearing threshold levels is capable of causing adverse effects."

Indeed, as I explain below, it looks like the main people who do recognize vibroacoustic disease are Alves-Pereira's Lisbon group who promote the concept through their own research. Alves-Pereira's presentation to the NHMRC forum can be viewed here, commencing at 1hr15m44s. It is quite something. To the amazement of epidemiologists in the room, she spent much of her time talking about a case study of one family in a house adjacent to a windfarm.

Slide #100 shows an arrow pointing to the house concerned. As can be seen, there are many other houses in the area downwind of the turbines, but strangely, her research group apparently conducted no investigations of the residents in any of these. A young boy in the house was having problems of losing interest at school – yet another extremely common problem□—□and Alves-Pereira's claim was that exposure to windturbines was a plausible explanation. No other possible explanation was even considered.

To further press home her case, she talked of problems in “boxy” or “club” foot found in four of the householder’s thoroughbred horses kept at the property (slide105). This problem too, she suggested might be connected with exposure to windturbines. She carefully explained that of five young horses examined, four had boxy foot. The one that did not was acquired, not bred on the farm, and one other acquired horse also had boxy foot. From that, the audience were presumably supposed to understand that hard evidence was thus available for windfarms causing equine feet deformities. Boxy foot is a common problem in horses.

It was embarrassing listening to this stuff. The study design employed breached just about every epidemiological consideration in research design 101.

Curious to learn more about Alves-Pereira’s research that the NHMRC had agreed to video in, I looked her work up on the Web of Science, Thomson-Reuters’ scientific citation website which indexes thousands of research journals and shows how many other researchers cite each paper. Just eight papers of hers appeared, and of these, five had never been cited. The three which had, had been cited 36 times. Of these, 29 (81%) were self-citations by her or her fellow authors.

After the meeting, Sarah Laurie distributed this upbeat memo to her followers, some of whom it seems are not as loyal as she might hope. I wrote to Professor John McCallum of the NHMRC about the memo, asking him to clarify if the remarks attributed to him (about me among other things) were accurate and to correct them if they were an untrue record of his conversations with Laurie.

He wrote back to me “I wrote her an email complaining and asking her to explain. I have since received her response and I am now considering whether any further action beyond complaining to her will be effective. As you will appreciate, her comments do not represent my views nor were they the comments which I did make to her at the meeting.”

The South Australian Environment, Resources and Development Court, in its judgment of Paltridge & Ors v District (17 June 2011) was satisfied that public health would not be put at risk by a proposed development. Commenting on Dr Laurie’s evidence to the court and comparing it to that provided by Prof Gary Wittert from the University of Adelaide. The bench wrote:

“With regard to the interviews [of those said to be suffering from wind turbine exposure] conducted by Dr Laurie, we accept the criticisms of this evidence made by counsel for Acciona, namely, that they suffer from the following defects:

1. The absence of a formal medical history having been taken from the subjects of her interviews;
2. The absence of a formal diagnosis of alleged symptoms from these subjects; and
3. The absence of any enquiry, as to the prevalence of the symptoms reported by these subjects, when compared to any other population or a control population.”

The court also noted “After reviewing the evidence of Dr Laurie, Professor Wittert concluded that: *“There is no credible evidence of a causal link, between the physical outputs of a turbine*

(or sets of turbines), at the levels that are described ... and adverse effects on health".

The judgment concluded "We accept his [Wittert's] conclusions and, where his evidence differs from that of Dr Laurie, prefer the evidence of Professor Wittert." Here, for example, is Wittert's analysis of Laurie's research presented to the court that five individuals suffered raised blood pressure because of their exposure to turbines.

Australia's first wind farm was established at Salmon Beach in WA, and opened in 1987. This means Australia has had wind farms for almost 25 years. Internationally, wind farms have been operating for 31 years. Industry sources usually estimate that there are between 100,000 and 150,000 turbines installed worldwide. But the recent outbreaks of complaints represent a small minority of those who, as far as I have been able to determine, are people who have not had wind turbines on their land (and so have not been paid to host them).

Pac Hydro gave evidence in the recent Senate enquiry that Victoria's first wind farm, Codrington, has not received a single complaint in ten years of operation. In The UK, total of 239 formal complaints have been received about UK windfarm sites since 1991, 152 of which were from a single site.

A landowner with 15 turbines wakes each morning knowing they have already earned perhaps \$150,000 in "drought-proofing" income by simply having turbines on their land. Those living adjacent with unsuitable topography may often deeply resent the good fortune of their neighbours. When land is sold with income generating turbines, the value-added compared to a comparable farm with no turbines could be large.

It is understandable that some may become preoccupied with the turbines they can see and hear, but derive no direct benefit from. Sociogenic illness can rapidly foment in such contexts and these dimensions need to be incorporated into any investigation of why some people claim to be "harmed" by turbines, but those with identical exposure profiles feel fine and can even enjoy their proximity.