

*Dr. Alan C Watts OAM*

*H.D.A. B.Sc. M.B.Ch.B. L.R.C.P. M.R.C.S*

*Highfield*

*Carcoar New South Wales 2791*

*Phone (02) 6367 3222*

*Mobile 0418292 887*

12<sup>th</sup> April, 2014

**OPEN LETTER TO:**

1. Professor Bruce Armstrong,  
Chairman,  
Wind Farms and Human Health project team  
Environmental Health and CAMs | Research Translation Group  
National Health & Medical Research Council
2. Professor Warwick Anderson AM,  
Chief Executive Officer,  
National Health & Medical Research Council
3. Professor John McCallum,  
Senior Scientist Public Health,  
Health Evidence & Advice Branch,  
National Health & Medical Research Council
4. Hon. Justice Annabelle Bennett AO,  
Chairman of Council,  
National Health & Medical Research Council

Dear Sir/Madam,

**NHMRC DRAFT INFORMATION PAPER:  
EVIDENCE ON WIND FARMS AND HUMAN HEALTH, 2014**

**This report is grossly deficient and is thus surprising given the universal condemnation of the first NHMRC review in 2010. It would appear your organisation has learnt nothing in the intervening period. This includes the rapidly evolving research which is demonstrating adverse health effects (AHE), in addition to the environmental, political, intermittent efficiency and economic aspects of industrial wind turbines (IWT).**

**This review clearly ignores both the developing weight of evidence and the intellectual expertise of the national and international research community. Expertise and experience that includes a knowledge of IWTs, infrasound and human health impacts that, I would suggest, greatly exceeds that of the review panel.**

**Further it again represents another shameful opportunity for the international research community to criticise Australia's lack of rigour, truth, diligence and decency in this debate. When will the NHMRC exhibit any real concern for its international and national reputation?**

*Email: [alancwatts@bigpond.com](mailto:alancwatts@bigpond.com)*

I have read in detail both the anonymously written NHMRC Draft Information Paper: Evidence on Wind Farms and Human Health and the background paper developed by the University of Adelaide team, “Systematic review of the human health effects of wind farms”.

Your review has looked, however cursorily, at an astounding total of **3354** documents consisting of:

**1778** Peer-reviewed articles in the “black” literature, you excluded all but 7.

**1070** Non-peer-reviewed article in the “grey” literature, you excluded all.

**506** Public submissions to the NHRMC, you excluded all but 4.

The reviewers report a very rigid and fine-grid examination of this literature and in so doing excluded all but **11**, and indeed only looked at **7** studies they considered met their futile and restrictive criteria.

**2697** submissions from **3354** were excluded on title or abstract alone. This does not represent a rigorous analysis of the available literature. Each and every step of discovery, review and rejection with the assembled criteria used represented an opportunity for error or bias.

If as much time had been spent reading and analysing literature as has been spent establishing, justifying and complicating the rejection process then this document may have had more validity.

This represents a failure of your research criteria not a failure of the value of available literature. The elimination of **99.7%** of viewed material is staggering and can hardly be described as representative.

While I applaud scientific rigour, repeatability and the application of statistical analysis to research I am of the opinion that this review has entirely missed its whole purpose.

The purpose of this review is quite clearly stated:

*“NHMRC is responsible for ensuring that Australians receive the **best available, evidence-based and reliable advice on matters relating to improving health, and to preventing, diagnosing and treating disease. Some members of the community have reported that living near a wind farm has affected their health. Therefore NHMRC is investigating whether there is reliable evidence that exposure to specific emissions from wind farms — noise, shadow flicker and electromagnetic radiation — could cause health effects in humans.**”*

The reviewers, in attempting to define “reliable evidence” **have excluded 3343, or 99.7%**, potential sources of information, many of which go a long way to describing and reporting adverse health effects and/or looking at potential or hypothetical physiological pathways which present mechanisms by which adverse health effects may manifest.

Even taking into account the fact that some of the 99.7% of the literature reviewed may have been duplication, may not have dealt directly with adverse health effects or may have for whatever reason been “off topic” it is beyond belief that the bulk would not have contributed to the current knowledge on wind turbines and health effects in a meaningful and

contributory way. This slash and burn approach to the assembled literature while the NHMRC claims it is “*Australia’s leading expert body promoting the development and maintenance of public and individual health standards*” is farcical.

Does this mean that the NHMRC only examines adverse health effects from sources that meet their rigid criteria and will **only** make a public policy statement if it fulfils this arbitrary standard? I would suggest that Medicine is part art and part science and that there is an essential role for opinion, experience, observation and anecdotal evidence as well. After all, it does form the basis of the study of epidemiology, population and environmental medicine.

It is this type of information which your review is lacking or ignoring. The history of research after all often starts from a point of anecdotal evidence. From this hypotheses may evolve and then research will be undertaken to prove or disprove a null hypothesis. But beyond that the art of medicine will often ignore this, or at least look to finding a cure before waiting for the inevitable slow results of research to present. Therefore a need exists for case studies, retrospective studies and a more profound examination of the mechanistic evidence for the possible and probable pathophysiology influencing individual responses to ILFN.

I am thus surprised that several researchers’ work was excluded from your review. I particularly note the exclusion of Professor Alec Salt and his team at the University of Washington who have looked in considerable detail at possible physiological pathways and the role of inner and outer hair cells of the ear. You state that “*A mechanism by which ILFN could harm human health could not be determined.*” Professor Salt is very clear on possible associations between “ILFN and intermediate physiologic effect”. Even accepting that there is much research yet to be done to validate these pathways and health outcomes in the affected human population, work done to date cannot be dismissed as irrelevant to this review. There are many other notable examples of exclusions such as Dr. Nina Pierpont who first described Wind Turbine Syndrome in her book titled by the same name, as well as research by NASA as far back as 1985.

I note your statement “*One of the largest identified problems with the literature is the sample selection bias in the studies.*” I accept that in a new field of research such as the adverse health effects of wind turbines it may be difficult to obtain the perfectly designed prospective cohort research study from available literature.

However, it is beyond cavalier, it is actually outrageous that so much information concerning adverse health effects and industrial wind turbines has been excluded from your review. A more complete review needs to include much of the additional information and research available to you even with the caveat that it needs to be improved, validated or expanded. By examining a mere 7 studies in your review the conclusions are inevitable and even pre-ordained.

Additionally, since the close of submissions for your review, there has been considerably more research and information published. I am sure many additional publications will have been brought to your attention. Much work is being done that demonstrates an association between the ILFN and adverse health effects. NO research (poor or otherwise) has been able to demonstrate there are NO adverse health effects. However much you are able to exclude this ongoing body of work as being outside your statistical grid there is a much more information that needs to be carefully examined before you can make

recommendations that dismiss or belittle those who, by any measure, are being adversely affected.

I have been medically involved with people suffering from the effects of wind turbines for a number of years. These people occupy a broad spectrum of society suffering a significant reduction in their quality of life and who are trapped in a situation beyond their control with little prospect of improvement. These people cannot be dismissed as simply suffering from “annoyance” and “anxiety”, and why should rural populations be annoyed or rendered anxious anyway? Where is their right to the rest, repose and quiet enjoyment of their property as prescribed in Australian law?

The much parroted and infantile “nocebo effect” is consistently proven wrong and inappropriate. The extensively researched medical and physiological effects of sleep deprivation are an appropriate arm of medicine and health care to be included in the terms of reference for this review. The WHO definition of health which includes all aspects of wellbeing is most appropriate and oft forgotten in this debate and should form the basis for the fundamentals of this review.

You have made several very sweeping statements which at this stage of investigative research are inappropriate and include:

*“There is consistent but poor quality evidence that proximity to wind farms is associated with annoyance and, less consistently, with sleep disturbance and poorer quality of life. Finding an association between wind farms and these health-related effects does not mean that wind farms cause these effects. These associations **could** be due to selection or information bias or to confounding factors”* (my emphasis).

Or perhaps they could **not**.

Have you considered that your deliberate exclusion of suitable literature may also be a confounding factor?

In short I find the review and your draft consultation paper to be:

1. Too restrictive,
2. Too narrow in its terms of reference and therefore,
3. Too dismissive of much valuable information.
4. Improperly classifies and misinterprets much research and thereby unfairly excludes valuable data.
5. The review therefore censors rather than reflects current literature and
6. Your review does not ensure “*that Australians receive the best available, evidence-based and reliable advice on matters relating to improving health, and to preventing, diagnosing and treating disease.*”

7. In addition it does not sufficiently support further debate and research despite the desperate and long overdue need and is therefore in defiance of recommendations by the Federal Senate Enquiry of June, 2011.
8. Failure to disclose commercial dealings and other conflicts of interest within the review panel. This obviously tarnishes this document and is an infantile oversight.
9. The glaring absence (in this information paper) of any precautionary principle from a national body entrusted with a nations health is beyond alarming.

I believe much of this review needs to be revisited, relevant submissions incorporated and the opportunity taken to update the information presented. But the NHMRC has had two attempts at this review and has clearly show its inability to bring to this subject the balance necessary to move this topic forward in the interest of Australian and international rural families. The literature reviewed by the NHMRC agents is appallingly unrepresentative of that available and as such is a poor reflection of current scientific thinking.

Therefore the NHMRC must now exclude itself from any further participation on the topic and graciously accept their limitations.

Yours faithfully,

Dr. Alan C. Watts OAM