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18th March, 2014

AMA President Dr Steve Hambleton
Vice President Professor Geoffrey Dobb
All members of AMA Federal Council

OPEN LETTER

RE POSITION STATEMENT ON WIND "FARM" INDUSTRIAL DEVELOPMENTS AND HEALTH

Dear AMA Federal Office Bearers,

As I have not received a response to a detailed email sent to the AMA President and the Vice President 4 days ago concerning the AMA's position statement on wind "farms" and health, this is an open letter to you all.

This matter is of considerable and increasing national and international interest, especially to rural residents whose health has been severely adversely impacted by existing wind turbine developments, some of whom have been forced from their homes because of the serious adverse health impacts on themselves and their families.

Do Federal AMA members realize that there are no studies showing there are no adverse health effects on a local population after installation of a wind development, and there are no longitudinal studies which show there are still no adverse health effects after 25 years?

In other words, product safety has NOT been established, despite industry assertions to the contrary.

Rather, a literature review conducted by two public health physicians in Rural Ontario, Drs Lynn and Arra, found ***that all the studies they identified showed evidence of what they called "human distress"***. A powerpoint of their literature review findings is available here:

<http://waubrafoundation.org.au/resources/association-between-wind-turbine-noise-and-human-distress/>

and some of those studies were also included in the recent NHMRC Literature Review.

Please give these issues your urgent attention and provide detailed answers to the following questions. Your answers will be made publicly available.

Content of the public statement

Where is the research, **conducted inside the homes of the residents reporting the serious repetitive sleep disturbance, the physiological stress, and other symptoms of “wind turbine syndrome”**, which confirms that these symptoms are caused by anxiety from alleged scaremongering as your AMA position statement asserts, ***RATHER than pulsatile infrasound and low frequency noise from wind turbines, which Dr Neil Kelley and his NASA research colleagues established was the DIRECT cause of these “annoyance” symptoms in 1985 in a major US government funded research project in the USA?***

This pattern of symptoms of so called “annoyance” reported by residents today is identical to that documented so carefully some 30 years ago by Dr Neil Kelley, in a large collaborative NASA and aeronautical engineering acoustic field survey in the USA, followed by a laboratory study, funded by the US Department of Energy. If members of the AMA Federal Council are not familiar with those landmark studies which have been known to the wind energy industry since 1987, details are available from the following document (<http://waubrafoundation.org.au/2013/explicit-warning-notice/>).

Are you suggesting that Kelley and NASA were wrong? Given the way the global wind industry reacted to change the design of the turbines from downwind bladed to upwind bladed to reduce these health and sleep damaging frequencies, it is clear that industry believed this research was important and credible.

There is no research demonstrating that the reported health effects in residents living near wind turbines are due to anxiety caused by “scaremongering”, and this was acknowledged in the recent NHMRC literature review. ***The only misinformation being peddled is by the wind industry, and now by your organization’s position statement.***

Why have you repeated the lies of the wind industry that the levels of infrasound inside and outside homes are well below the thresholds of perception? ***Kelley et al established in 1985 that wind turbine generated impulsive infrasound and low frequency noise could be perceived at levels where it was not audible.*** The design of the turbine is immaterial to this human perception response – the frequencies generated by horizontal axis wind turbines, downwind or upwind bladed, are still being perceived by the human guinea pigs inside and outside their homes, nearly 30 years later.

This ability to perceive infrasound pressure pulses or peaks is precisely what independent Australian acoustician Les Huson detected in his acoustic field research at Macarthur in 2013, with resident Andrew Gardner who was experiencing distressing “pressure bolt sensations” whilst sitting peacefully inside his home at night, which correlated remarkably well 86% of the time with the pressure peak transients Mr Huson’s monitor was detecting, to which Mr Gardner was “blinded” at the time he was recording his symptoms. I am sure both Mr Huson and Mr Gardner would be more than happy to directly educate members of the Federal AMA on those findings. (see <http://waubrafoundation.org.au/resources/gardner-statement-vcac-cherry-tree-hearing/> and <http://waubrafoundation.org.au/resources/huson-l-expert-evidence-at-vcac-cherry-tree-hearing/>).

The design of the wind turbines was changed from being downwind bladed to upwind bladed “modern” wind turbines where the nacelle automatically turns around to face into the wind, to try and reduce the generation of those frequencies because of the damage to sleep and health. The frequencies were reduced, but they were not eliminated, and as wind turbines have become larger, the frequencies generated have shifted down to the lower part of the sound spectrum, predictably causing more “annoyance” symptoms for the neighbours. (<http://waubrafoundation.org.au/resources/moller-pedersen-low-frequency-noise-from-large-wind-turbines/>)

Around the same time as the designs of wind turbines changed so dramatically, the wind industry acousticians persuaded the various government noise pollution regulatory authorities NOT to measure the VERY sound frequencies which Kelley et al had established directly caused the symptoms. The frequencies were still being generated – they just were not being measured. The same continues today.

Do any of you realize that the wind changes direction constantly? As the wind changes, the turbine nacelles turn to face into the wind, so people are not always “downwind” or “upwind” of the turbines as your poorly worded statement seems to suggest. People’s symptoms change according to wind strength, direction and weather conditions, which if any of you had bothered to go and listen to affected people or independent acousticians directly, you would have soon found out.

Indeed if any of you or the authors of your position statement had bothered to listen to rural residents impacted adversely by wind turbine noise, you would find that many rural residents can predict on the basis of the wind direction what their symptoms are likely to be and how severe they are likely to be, based on their own unique pattern of symptoms. If people do develop serious symptoms predictably with specific wind directions and weather conditions, they plan their lives around the weather and wind direction – for example leaving if the wind is predicted to be from the north, or the west, because they know that for them their home or workplace will be unliveable and unworkable under those conditions.

How do you think these families are managing to run their farms if they cannot be there?? The answer is that they cannot, and their livelihoods and family lives suffer significantly as a result.

Some “Common Sense” might help

Do any of you seriously think that tough resilient farming families who cope with drought, fires and floods, will leave their homes and their farms repeatedly and eventually permanently because they have been brainwashed by “scaremongering”?

Do you think wind turbine hosts and their families who financially benefit but also get the same predictable symptoms have also been similarly brainwashed ?

What about the babies’ distressed behaviour crying and pulling at their ears when they don’t actually have ear infections, but which is directly correlating to wind turbine noise exposure? Scaremongering perhaps?

What about the dogs – working and family pets whose behaviour and health are noticeably affected? Scaremongering too?

What about the decreased weight gain and observed increased agitation in the cattle reported by long term cattle producer John Carter, at Crookwell. A nocebo effect from the Waubra Foundation perhaps? Really? Some of these reports are from 10 years ago – 6 years before the Foundation was formed. Do you think perhaps that there is a retrospective nocebo effect operating? John is a senior member of the Beef Producers fraternity in Australia and an astute observer and diligent recorder of his cattle’s condition and behaviour. He’s been farming all his life... and his family for four generations before him.

What about the peer reviewed published study in 2013 about the Polish geese who showed increased blood cortisol and decreased weight gain in a dose response relationship in a study by Polish veterinary and acoustics researchers? Do you consider this to be hard objective evidence of a physiological stress response, or brainwashing?? (<http://waubrafoundation.org.au/resources/mikolajczak-j-et-al-preliminary-studies-growing-geese-proximity-wind-turbines/>)

How come those 23 Texan wind turbine hosts are suing the wind developer for noise nuisance, if money protects them, as has been asserted by wind energy advocates?? (<http://waubrafoundation.org.au/2014/23-texas-wind-farm-hosts-sue-over-noise-and-nuisance/>)

How come wind turbine hosts David and Alida Mortimer have to regularly leave their home in order to obtain relief from the wind turbine syndrome symptoms they experience at their home near Millicent in South Australia? Scaremongering too? <http://waubrafoundation.org.au/resources/david-mortimers-statement-cherry-tree-hearing-at-vcat-jan-2013/>

AMA Position Statement on Wind “Farms” and Health

Who wrote this AMA position statement?

Why is their authorship not explicitly disclosed?

What is their expertise in acoustics and sound and vibration related health impacts?

What are their conflicts of interest?

Have they ever treated anyone severely affected by wind turbine noise?

Have they ever treated anyone affected by another source of impulsive infrasound, low frequency noise and vibration such as from coal mining, CSG field compressors, gas fired power stations or other large compressors such as refrigeration units or heating ventilation systems?

Have they ever spoken to any health practitioners who have known clinical expertise in this area in Australia? If so, with whom did they communicate?

Have they ever spoken to any independent acoustics researchers, neurophysiologists, or health practitioners with either direct clinical experience or research experience in this area either in Australia or internationally?

If so, with whom did they communicate?

Have they ever spoken directly with any residents reporting the adverse health impacts which directly correlate with exposure to operating wind turbines?

Have they or their extended family ever lived near an industrial wind turbine development for any length of time?

Has any member of the AMA Federal Council had any experience mentioned in the above questions?

It would be usual in a document such as this to cite your source material and any conflicts of interest. Could you please advise the following:

- Why are there no listed information sources for the statements made in this document?
- What were the sources of information for this position statement? Could you please list ALL sources – both individuals and organizations, verbal, written communications as well as documents and peer reviewed published research.
- How were these sources of information identified and by whom?
- How were these sources chosen by the AMA?
- Who within or outside the AMA made the decisions about which material to include and exclude?
- Was there any declaration of conflicts of interest by anyone who either provided information for this document or who was involved in writing it or approving it?
- If so, what conflict of interests were declared by AMA staff and office bearers or elected officials, and what declarations were made by external parties?
- Was there any external verification of those declarations if they were made?
- If there was no such process, who decided that such a declaration process was not necessary?
- Is this usual practice for the AMA?

Allegations about unprofessional and unethical behaviour by some health practitioners

Does the AMA consider that it is appropriate for medical practitioners with a financial interest in a community wind development (Hepburn Wind) to exert significant pressure (successfully) to stop the provision of clinical and acoustic information to other medical practitioners, some of whom had specifically asked for that

information? This is precisely what happened in Ballarat, when one of the local specialists and myself were going to speak at a function under the auspices of the Ballarat Division of General Practice.

Does the exercise of such a blatant conflict of interest concern any of the members of the Federal Council of the AMA?

That particular “community” wind development resulted in a hardworking and respected medical colleague and her family being forced to leave their new home because of the serious adverse health impacts resulting from the infrasound and low frequency noise which amplified within her home, which included repetitive and severe sleep disruption, particularly bad when the wind was blowing towards the home. The wind developer has not ever provided the data required by the independent acoustician to determine compliance. Do AMA Federal Councilors consider that acceptable and responsible and transparent corporate behaviour by Hepburn Wind towards a medical colleague, who needs sleep in order to carry out her professional duties without putting her patients at risk because of impaired sleep?

Does the AMA consider that sleep deprivation from wind turbine noise pollution should be treated differently to any other cause of sleep deprivation; or source of noise, specifically does the AMA consider that this problem should remain ignored, denied, ridiculed and unaddressed by the wind developers, health authorities and noise pollution regulatory authorities with no accountability for the noise pollution?

One of the medical practitioners with a financial conflict of interest in the Hepburn “community” wind development was reported to me by one of his patients to have told that patient that he would just have to “get used to it”. This patient had presented with significant mental health distress which was subsequently life threatening. Does the AMA consider that this is ethical or appropriate behaviour on the part of this medical practitioner, and that it adequately fulfils the duty of care owed by medical practitioners to their patients?

Does the AMA consider that it is appropriate for medical practitioners who advise their patients to leave their homes because of the severity of their symptoms ***to then refuse to put such advice in writing?*** I have been told this is happening by residents living in rural South Australia, Victoria and New South Wales who have been badly affected by wind turbine sound and vibration, some of whom have indeed subsequently followed their doctors advice and left their homes. Some of these people are now effectively homeless. Those providing the advice included local general practitioners, and specialists including cardiologists, endocrinologists, and ear nose and throat specialists.

Why do AMA office holders think these medical practitioners might be so reluctant to put such advice in writing?

Do AMA Federal Office bearers think it might have something to do with the way the wind industry and its friends and supporters in public health and the media treat health practitioners and rural residents who advocate for research, or who try to bring these problems to the attention of the health and noise pollution regulatory authorities?

Corporate practices which damage health and silence people

Does the AMA consider that it is appropriate for a wind developer to send letters to all the medical practices within a couple of hundred kilometers of a large wind turbine development, suggesting the medical practitioners refer their patients to that company’s “community engagement team”, and that there is “no evidence” of adverse health effects, when it is clear this particular wind developer is well aware from other wind developments they also operate that people are severely sleep deprived from wind turbine noise? Senator John Madigan’s speech in the Federal Senate last night outlining the corporate behaviour of AGL on this matter is something each of the Federal Members of the AMA need to read, view, and reflect upon.

(<http://waubrafoundation.org.au/resources/senator-john-madigan-speech/>)

Does the AMA consider that there are analogies with a cigarette manufacturer denying any health problems to medical practitioners treating people with diseases resulting from cigarette exposure? What about companies who used asbestos in their building products? Both of these sorts of companies also denied the **known** adverse health effects of their products for many years, in some instances aided by medical practitioners and public health experts. Professor Simon Chapman has detailed the techniques used by cigarette manufacturers to deny what they knew, and journalist Matt Peacock detailed some of the history behind the James Hardie Asbestos scandal, and the involvement of health professionals.

Does the AMA condemn the use of silencing agreements, which are designed specifically to prevent sick people and their families from speaking about the adverse health impacts, which they have experienced with industrial infrasound and low frequency noise pollution? Such agreements have been used at Tara in Queensland (CSG compressor noise) in the Upper Hunter near Wollar (coal mining noise and vibration), in NSW (Uranquinty, gas fired power station noise) and Toora and Waubra (wind turbine noise). Some agreements also bind some wind turbine hosts, whose children may be seriously adversely impacted.

Does the AMA condone a situation where parents are unable to protect their children by complaining to the noise pollution regulatory authorities because of the terms of their agreement with a noise polluter, when that contract was signed with the noise polluter denying any noise or adverse health effects? Such silencing agreements were detailed by Senator Chris Back in Federal Parliament in October 2012 (see <http://waubrafoundation.org.au/resources/senator-back-reveals-gag-clauses-wind-developer-contracts/>)

Since then “good neighbour” silencing agreements have been used in South Australia by Trustpower. This is what some politicians and wind developers and their supporters euphemistically call “consulting with the community” or “spreading the benefits of community wind projects” but in effect it is silencing people from speaking out in future about adverse impacts they and their children may experience, and it binds them or subsequent property owners for the next 60 years, sometimes even with caveats placed by the wind developer on their land. (<http://waubrafoundation.org.au/resources/neighbour-deed-palmer-wind-farm-south-australia/>)

Does the AMA approve of such agreements to silence sick people? Whether they are silencing wind turbine hosts, neighbours, or children? Is any of this acceptable?

Acknowledgement of health problems resulting from infrasound and low frequency noise

Does the AMA deny the clinical and research evidence of a disease which has been called “vibroacoustic disease” by the researchers investigating it, which has been described in the research literature for 30 years, and which results from chronic exposure to infrasound, low frequency noise and vibration? Some of that research is listed on our website (see for example <http://waubrafoundation.org.au/resources/vibroacoustic-disease-biological-effects-infrasound-alves-periera-castelo-branco/> and <http://waubrafoundation.org.au/resources/alves-pereira-m-castelo-branco-n-scientific-arguments-against-vibroacoustic-disease/>)

Does the AMA deny the existence of a recent superior court judgment in Portugal, which ordered wind turbines to be pulled down because of objective clinical evidence of vibroacoustic disease in wind turbine neighbours? <http://waubrafoundation.org.au/resources/low-frequency-noise-presentation/>

Does the AMA deny the Taiwanese research evidence in aviation workers confirming that vibroacoustic disease is not just a “Portuguese disease” as Australian sociologist and ardent wind turbine industry advocate Professor Simon Chapman has asserted? (<http://waubrafoundation.org.au/resources/effect-low-frequency-noise-echocardiographic-parameter-ea-ratio-chao-et-al-2/>)

Does the AMA deny the evidence of Vibro acoustic disease in a military context, something which was detailed at length by Colonel (Dr) Nuno Castelo Branco, the Portuguese Pathologist who has conducted most of the groundbreaking research in this area? (<http://waubrafoundation.org.au/resources/castelo-branco-n-low-frequency-noise-major-risk-factor-military-operations/>)

Does the AMA deny there are clinical and acoustic adverse health event reports and research evidence of the constellation of specific symptoms which have now been described as occurring in wind turbine neighbours by rural general practitioners, paediatricians, ear nose and throat physicians, public health physicians, occupational physicians, and otoneurologists as well as acousticians in the United Kingdom, USA, Canada, Ireland, Sweden, and Australia? Just some of that material is listed below:

<http://waubrafoundation.org.au/resources/wind-turbine-syndrome-fact-or-fiction-farboud-et-al/>

<http://waubrafoundation.org.au/resources/enbom-e-i-infrasound-from-wind-turbines-an-overlooked-health-hazard/>

<http://waubrafoundation.org.au/resources/schomer-et-al-wind-turbine-noise-conference-denver-august-2013/>

<http://waubrafoundation.org.au/resources/paller-c-et-al-wind-turbine-noise-sleep-quality-symptoms-inner-ear-problems/>

<http://waubrafoundation.org.au/resources/wind-farm-generated-noise-and-adverse-health-effects/>

<http://waubrafoundation.org.au/resources/james-r-warning-signs-that-were-not-heard/>

<http://waubrafoundation.org.au/resources/facilitating-clinical-diagnosis/>

and Professor McMurtry's CV is here: <http://waubrafoundation.org.au/resources/letters-support-for-waubra-ceo/mcmurtry-dr-r-ltr-support-for-dr-sarah-laurie/>

<http://waubrafoundation.org.au/resources/3095/>

<http://waubrafoundation.org.au/resources/dr-owen-f-black-md-neuro-otologist-re-wind-turbine-syndrome/>

Dr Black's CV is here: <http://waubrafoundation.org.au/resources/dr-f-owen-black-m-d-memorium/>

<http://waubrafoundation.org.au/resources/dr-nina-pierpont-submission-australian-senate-inquiry/>

<http://waubrafoundation.org.au/resources/dr-david-iser-2004-conducts-first-survey-patients-living-near-wind-project/>

<http://waubrafoundation.org.au/resources/dr-amanda-harry-groundbreaking-survey-sick-residents/>

Does the AMA deny that an increasing number of these researchers and clinicians are calling these symptoms "wind turbine syndrome" when they occur in conjunction with exposure to operating wind turbines?

Does the AMA deny that some acousticians working with the wind industry have admitted under oath in court cases that for many years these symptoms have been known to occur in people exposed to infrasound and low frequency noise? Professor Geoffrey Leventhall, a consultant acoustician frequently used by the wind industry has conceded this.

Professor Leventhall was an undisclosed peer reviewer of the first NHMRC literature review in 2010. The other was Professor Simon Chapman. Subsequent issues about conflicts of interests and the way they have been "managed" by the NHMRC re-emerged with the second NHMRC Literature Review during recent Senate Estimates (<http://waubrafoundation.org.au/resources/nhmrc-ceo-prof-anderson-questioned-about-draft-review-by-senate/>)

Does the AMA deny the clinical evidence of serious harm to mental and physical health of wind turbine neighbours resulting from exposure to operating wind turbines, which resulted in the court judgment in Falmouth USA where a judge has ordered wind turbines to be turned off at night in order to prevent "irreparable harm" to physical and psychological health? Justice Muse's judgment is here:

<http://waubrafoundation.org.au/resources/us-judge-rules-wind-turbine-neighbours-suffer-irreparable-harm/>

Research

Does the AMA support the research recommended now by many interested parties including the NHMRC, the Federal Senate Inquiry in 2011, which was chaired by Green Senator Rachel Siewert, the Federal House of Representatives in 2012 (Moynlan motion) acousticians who consult with the wind industry internationally (Hessler, Schomer and Walker) as well as the Prime Minister, the Federal Health Minister and the Assistant Minister for Health?

Does the AMA support research which will measure the full spectrum of acoustic frequencies inside the affected residents' homes, concurrently with the collection of physiological objective data such as sleep (EEG), blood pressure, heart rate and serial cortisol measurements?

This research will soon determine whether or not the symptoms are indeed caused by alleged anxiety spread by "scaremongering" as your AMA statement states so confidently, despite a complete lack of ANY evidence collected specifically from residents reporting the symptoms near wind turbines. Such research will also validate and clarify dose response relationships established nearly thirty years ago by Dr Neil Kelley's research.

Does the AMA agree that this independent research MUST be conducted by individuals who are completely independent of the industrial wind industry?

Does the AMA agree that such research should also be conducted inside the homes of those affected by other sources of industrial infrasound and low frequency noise pollution, such as CSG field compressors, coal mines, and gas fired power stations, and that the research results including particularly the full spectrum acoustic measurements must be made publicly available?

Improved Regulation and Governance to protect health

Does the AMA support the WHO recommendations that a limit of 30 dBA is required inside bedrooms in order for people to sleep?

Does the AMA support the immediate implementation of the only evidence based noise exposure limits for chronic infrasound and low frequency noise exposure which were established by Dr Neil Kelley's team research in 1985, until improved evidence based guidelines can be determined from the recommended multidisciplinary research?

Does the AMA support the transparent real time wind turbine noise monitoring suggested by Senators Xenophon and Madigan and supported by the current Federal Government, but extend it to including infrasound and low frequency noise so there is transparency about what the exposures to the different sound frequencies are, both inside and outside homes? Remember, these are the frequencies that are deliberately not being measured currently despite being shown by Kelley et al in 1985 to directly cause the symptoms wind turbine residents were reporting, including repetitive sleep disturbance.

Does the AMA support an independent audit of all existing wind developments by a suitably qualified engineer to verify that the individual turbine separation distances comply with the wind turbine manufacturer's specifications? By way of explanation, a failure to build turbines with adequate distances apart from each other will lead to increased turbulence, increased wind turbine audible noise, and increased infrasound generated, as well as increased risk of catastrophic blade failure because of increased wear and tear on the blades.

Wind Industry Connections with the AMA, and other Health Lobby Groups

Did the wind industry have any involvement in providing material for or writing parts of this statement?

Did the Clean Energy Council, (the Australian Wind Industry lobby group) assist the AMA in any way in writing this statement or providing information?

Which, if any, acoustic consultants assisted the AMA with technical acoustic advice? What declarations were made about conflicts of interest?

Has the AMA, any of its elected officers or staff, any direct or indirect financial connections with or shares in companies which are wind developers, or any family members who have such connections with the wind industry? Has this information been publicly disclosed anywhere on the AMA website?

Does the AMA realize that the Climate and Health Alliance helped VESTAS, a product manufacturer launch their global denial of any harm from their products, despite one of their acoustic engineers clearly stating some of the known problems in 2004 at an Australian Wind Energy Association conference?
(<http://waubrafoundation.org.au/2014/public-statement-home-abandonment-due-environmental-noise-pollution/>)

What does the AMA Federal Council think about this clear conflict of interest? Is the analogy to Big Tobacco using a health lobby group to launch their global denial of adverse health effects from cigarette smoking a fair one?

Does the AMA realize that the Australian Wind Energy Association became the Clean Energy Council, and that it is an industry lobby group?

Does the AMA know that the Public Health Association of Australia have been advised of misleading statements on its website about wind turbines and health by Professor Colin Hansen, an eminent leading Acoustician working in this area in Australia, and that to date the Public Health Association have refused to remove their misleading material? Professor Hansen's comments are here: <https://www.wind-watch.org/news/2014/03/11/public-health-association-of-australia-errors-regarding-wind-farm-noise/>

Why does the AMA think that this particular group of product manufacturers (wind turbine manufacturers) have escaped the usual requirement that a product or device is shown to be safe after rigorous independent testing BEFORE being sold and installed?

Why does the AMA think that wind turbines are being sited closer together at some Australian Wind Developments than the product manufacturers specify?

Could it be because of the additional lucrative wind turbine sales for the wind turbine product manufacturers such as VESTAS, as well as the additional lucrative subsidies the wind developer receives for the additional wind turbines, funded by all Australian Electrical consumers, channeled through the Federal Clean Energy Regulator as RECS or "Renewable Energy Certificates".

Finally, have any members of the AMA Federal Council actually read the latest reports from the NHMRC – the draft information statement and the systematic literature review? The NHMRC stated there is consistent but poor quality evidence of sleep deprivation, annoyance symptoms and impaired quality of life. They also indicated that given the lack of high quality evidence that research was required. The reports are available from here: <http://waubrafoundation.org.au/2014/public-statement-re-nhmrc-2014-literature-review/>

Does the AMA Federal Council support this proposed research?

We look forward to your detailed responses to these important questions.

We hope in the meantime that the AMA Federal Council will decide to immediately remove this position statement, before it does any more damage to the professional and personal reputations of the AMA and its officeholders and members, and that you go and seek up to date industry independent expert advice on this topic.

What about meeting with those clinicians at the front line in rural Australia? Their patients?

Not to mention those rural residents who have been conducting their own research documenting the population health effects, because no one else from any health discipline will do so – remarkable rural women such as Mrs Mary Morris – the only Australian author of a study which made it into the NHMRC's stringent inclusion criteria for their literature review. The population noise impact surveys by Mrs Morris, Mrs Schneider and Mrs Schafer are here: <http://waubrafoundation.org.au/library/community-noise-impact-surveys/>

While your AMA position statement remains, it makes the AMA officeholders and members a party to the ongoing abuse and deliberate harm to rural residents, including those who are particularly vulnerable such as children, the elderly, and those with chronic medical and psychiatric conditions. You may wish to read what American Psychiatrist Dr William Hallstein had to say about the experiences of the residents at Falmouth, USA affected by the turbines – the same turbines which Justice Muse subsequently ordered should be turned off at night (<http://waubrafoundation.org.au/resources/hallstein-w-falmouth-wind-turbines-sleep-deprivation-psychiatrist-weighs/>). Hallstein’s reminder that sleep deprivation is used in torture is precisely what wind turbine residents describe their nights to be. The characteristic “waking at night in an anxious panicked frightened state” is not caused by scaremongering. These episodes are also being reported by overnight visitors, who have no knowledge of either the science, or these specific reports, from others.

There is a range of supporting acoustic research and clinical evidence strongly suggestive that these stress episodes are being caused by infrasound pulses generated by wind turbines, which are activating the vestibular system, and the “fight flight” physiological response of the sympathetic nervous system, and thereby causing acute repetitive physiological stress episodes. Sometimes (rarely) adrenaline surge pathology such as Tako Tsubo heart attacks and acute hypertensive crises are being reported, in both Australia and Canada, which have none of the usual antecedents for these episodes (sudden shock or adrenal tumour). These physiological stress episodes combined with repetitive severe sleep disturbance from such episodes overnight, is strongly suspected to be the reason for the relentless deterioration in residents’ individual physical and mental health with long term chronic exposure to operating wind turbines.

It is no wonder the wind industry and its many well funded supporters do not wish to see the concurrent full spectrum acoustic monitoring together with the physiological EEG, blood pressure, heart rate and cortisol measurements conducted which would demonstrate whether it is indeed these infrasound pulses which are causing some of the symptoms, in addition to those symptoms long known to be caused by low frequency and excessive audible noise. The Waubra Foundation has been requesting this specific objective multidisciplinary research inside the homes of residents reporting the symptoms for over three years.

The “irreparable harm” to the physical and mental health of Australian rural residents is being knowingly perpetrated by this industry and their professional legal, acoustic, and medical advisers, who are enabling it to continue by denying the existing scientific evidence.

Just like Tobacco. Just like Asbestos. Just like Thalidomide.

And the AMA are now actively helping perpetrate this abuse, while this statement remains on your website. As officebearers, you are all responsible.

Your statement will be used around the world by the wind industry as evidence that there is “no problem”, resulting in serious damage to countless other rural residents. I hope that professional ethics, science, compassion, and reason prevail soon, rather than ignorance, arrogance, and the suspicion of undeclared conflicts of interest.

I look forward to your response.

Yours faithfully,



Sarah Laurie, CEO Waubra Foundation
Bachelor of Medicine, Bachelor of Surgery, Flinders University
Former AMA state councilor South Australia, and former AMA member
Former Rural General Practitioner, and clinical examiner for the RACGP