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Dr. Steve Hambleton  
President – Australian Medical Association  
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Professor Geoffrey Dobb  
Vice President – Australian Medical Association  
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Concerning: AMA Position Statement – Wind Farms and Health 2014

Dear Dr. Hambleton and Professor Dobb:

Following my review of the AMA Position Statement on Wind Farms and Health 2014, as well as my review of the National Health & Medical Research Council (NHMRC) Draft Information Paper: Evidence on Wind Farms and Human Health, and its source document, the University of Adelaide Systematic Review of the Human Health Effects of Wind, I felt compelled to write to you. I wish to express to you my grave concern that the Position Statement as it is issued is not consistent with the Code of Ethics of the Australian Medical Association which your website identifies as representing the core of fundamental principals to guide doctors in their professional conduct, concerning issues such as respect for patients, standards for care, and so on.

I must openly identify that I am not a Medical Doctor, but as a Professional Engineer, compliance with a Code of Ethics is core to my profession as well. Without getting into every detail, a code of ethics that calls to “Consider first the well-being of your patient” in the case of the AMA or in the case of an engineer to “regard the duty to public welfare as paramount” would require that a position statement such as issued by the AMA on Wind Farms and Health actually should confirm that those first considerations are met. The AMA Position Statement on Wind Farms and Health fails that test in many aspects.

My primary concern relates to the absolute nature of the statements in the Position Statement that **sound from wind farms does not cause adverse health effects, and that individuals who experience adverse health do so as a consequence of heightened anxiety or negative perceptions.** These statements do NOT consider the well-being of the patient first, NOR do they treat patients who report adverse health effects with compassion and respect. Instead

of considering the patient first, the AMA Position Statement is filled with many (incorrect) laudatory remarks about wind turbines, such as:

- “Wind turbine technology is considered a comparatively inexpensive and effective means of energy production.” *Wind turbines certainly are not effective as they generally produce poorest when the demand is highest, and if one considers the need to include and build an alternative generating system or storage means to be able to have energy available when needed, neither is the overall wind turbine system inexpensive.*
- “These upwind turbines generate much lower levels of infrasound and low frequency sound.” *Than what? This is a meaningless statement. If the intent was to compare upwind and downwind turbines, the statement needs to identify that downwind turbines have not been produced for industrial use for years.*
- “Both indoor and outdoor infrasound levels are well below the perception threshold, and no greater than that experienced in other rural and urban environments.” *This statement completely misses the point that it is not the “sound level” that makes it most noticeable and annoying, but the cyclical quality of the sound. To paraphrase Dr. Brigitte Schulte-Fortkamp, former Vice Chair of the Acoustical Society of America, and an engineering acoustics researcher from the Technical University of Berlin, “Assessment of sound by level alone is like assessing soup by temperature alone. One you will sup and say ‘pleasing’ while the other you will spit out and declare ‘awful’. The quality of the sound is very important like the flavor of the soup, not just the level of the sound or the temperature of the soup.”*
- “Misinformation regarding wind farm developments may contribute to heightened anxiety and community division ...” *In fact the misinformation about wind farms often is perpetuated by the proponents – by statements suggesting there will be no impact – or that there will be advantages in job creation, no pollution, and economic benefits that are not realized.*
- “Electricity generation by wind turbines does not involve production of greenhouse gases, other pollutant emissions or waste, all of which can have significant direct and indirect health effects.” *This statement completely neglects that operation of wind turbines does result in a significant emission of noise, which is defined as a pollutant in many jurisdictions, as it certainly is of a distinctive character, annoying, sleep disrupting, and noticeable.*

The AMA Position Statement would lead one to believe that the AMA has dismissed consideration of the well-being of the patient, or treating the patient with respect, to instead become a cheerleader for the wind turbine industry. Including erroneous statements as just noted questions compliance with the AMA Code of Ethics position on “The Doctor and Society” to share a responsibility to society in matters relating to the health and safety of the public, or to retain a “Professional Independence” from third parties.

Reading through the source documents, the NHMRC Draft Information Paper, or the University of Adelaide Systematic Review of the Human Health Effects of Wind makes it clear that it is indeed difficult to identify a definitive direct cause for the adverse health effects identified by citizens after wind turbines are erected and go into operation in their neighbourhoods. Yet, instead of choosing to investigate the associations that are identified between wind farm exposure and annoyance, of disturbed sleep, and poorer quality of life, and how these might have an impact on health, the studies instead looked at how to dismiss these associations by claiming selection bias (by only looking at people who identify problems for example) or by showing that some other factor might be involved. This is rather like the claim made by a Canadian Medical Doctor who has often identified at conferences, or in public forums, “I have high blood pressure, and I do not live near wind turbines, so you cannot say wind turbines cause high blood pressure.” This is also like a parent saying, “My son had a car accident but was not drinking, so you cannot say that car accidents are caused by alcohol.” These dismissive statements are meaningless. Instead the recognized associations between wind turbine exposure and adverse effects should be investigated not dismissed, based on a code of ethics that recognizes a responsibility to improve and maintain the health of patients who entrust themselves to medical care.

Not only is the AMA Position Statement not considering the patient first, but also, the Position Statement simply shows no respect for those individuals who have reported adverse health effects. These real people are dismissed without further investigation. If any medical doctor had the receptionist say to the incoming patient, “Go away, the doctor has been told that you are not really sick, and is not going to waste time examining you,” one would suspect the AMA might raise its corporate eyebrows. Yet, this appears to be the position the association is advocating. It is hard to rationalize the AMA Position with a code of ethics that calls to treat a patient with compassion and respect.

Real people have identified their problems, yet the AMA position statement will cause the medical practitioners to simply ignore their patients. As I acknowledged earlier, I am not a Medical Doctor, nor would I venture to diagnose a person’s illness, yet, as a human being who cares for his neighbours (in the broader sense, not as a medical doctor does) I acknowledge that many people have identified to me disrupted sleep that adversely impacts them the next day, and they have identified numerous other conditions of dizziness, nausea, ringing in their ears, uncontrollable blood sugars (in diabetics) and elevated blood pressure. Some of these people are ones I had known for decades before wind turbines came into their environment. In none of the many cases could a suspicion of simply heightened anxiety or negative perceptions be detected. I have experienced witnessing a person break down and cry at a meeting with regulators, and say they cannot go to their doctor because all he will do is take away their driving licence because they are falling asleep while driving, and then they will lose their job, and thus their home. The AMA Position Statement will not address the real problem of why these patient’s sleep is disrupted. I have

watched previously healthy people get worse month by month, until finally they give up and walk away from their home, before their health improves. These are real people, and they certainly do not seem to be simply experiencing adverse health from heightened anxiety or negative perceptions. They do not need yet another literature study dismissing their conditions because they are self reported, or because an adequate control group was not included in the study.

As an engineer, a lesson learned early in my career was that when a system that was previously working well starts to have problems, look for what has changed. This led me to research the acoustic conditions around the homes in a wind turbine development. My research has been published in the Proceedings of Meetings of Acoustics of the Acoustical Society of America, the Canadian Acoustical Association journal, and in the Conference Proceedings of the Wind Turbine Noise Conferences in 2007 / 2009 / 2011 / 2013. Two of these papers were noted in the University of Adelaide review, but they were excluded from consideration as not meeting the criteria of the study. Yet, the papers do identify that there are indeed differences in the sound conditions, and particularly in the sound quality that is not sufficiently addressed by level alone. As one example only, the work shows that there is a very real difference between the cyclical sharp rise times of sound from wind turbines and the much more random sounds of nature such as lake waves or the wind. In my work I have drawn the analogy between the disruptive nature of "sharp" visual or taste stimuli compared to the pleasing "smoother" nature of other stimuli to wonder if the sharp, cyclical nature of wind turbine sound might not be the beginning of an explanation why they are so disruptive to some. I would be willing to forward copies of the work to you so that you might consider a medical follow up of how these differences might impact a person's health. Simply dismissing the recognized associations and telling people there is no link between wind turbines and adverse health is not matching the AMA Code of Ethics to treat patients with compassion and respect.

I cannot help to note that in the windfarm of 110 turbines in a neighbouring community over an 18-month period there were 4 sudden deaths due to cardiac arrests of people whose homes are near the wind turbines. In three cases the closest turbine is within 550 m of the home, with 1 to 4 more wind turbines within 1 km. In the fourth case, the nearest wind turbine was about 1500 metres. There is obviously a need for discretion, but this information is from the public record:

- a. A gentleman in his 50's who stood at a public meeting to declare he was suffering no adverse health effects from wind turbines near his home suffered a cardiac arrest and died within one week of his declaration.
- b. A young lady in her 30's suffered an unexpected sudden cardiac arrest and died.
- c. Another gentleman in his 60's had a cardiac arrest while out fishing and could not be revived.
- d. Another gentleman in his 60's suffered a cardiac arrest while driving and passed away.

None of these individual's deaths were expected, and their families and community were indeed grieved. Obviously I cannot and do not say that the wind turbines were the cause of the cardiac arrests, and recognize there are other causes of cardiac arrest, but the above average frequency and similar environment surely begs a question to warrant investigation.

In conclusion, I would ask that the Australian Medical Association reconsider the Position Paper – Wind Farms and Health 2014 specifically in light of the AMA Code of Ethics. Similarly, I will request the Australian National Health and Medical Research Council to reconsider their Draft Information Paper – Evidence on Wind Farms and Human Health to actually initiate follow up on the associations identified between wind farm exposure and annoyance, of disturbed sleep, and poorer quality of life, and how these might have an impact on health rather than just dismissing them. Hurting individuals deserve better treatment. Luke 10:37 (NIV) commands each of us to "Go and do likewise," to have compassion and help those who are hurting, not to pass by, averting our eyes.

With respect,



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