First International Symposium on Adverse Health Effects from Wind Turbines
The Global Wind Industry and Adverse Health Effects: Loss of Social Justice?
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Session IV
Research and Motion

Abstract and bio reproduced from the Symposium Program
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THE ABSENCE OF HEALTH STUDIES PROVES NOTHING

Abstract: The claim that there is no evidence of negative health effects from wind turbines near residences is clearly false since there are ample credible reports of people experiencing problems. Many of these offer compelling case-crossover data, with individuals experiencing changes in symptoms when changing the exposure. But to the extent that we do not have as much data as would be ideal – which is certainly the situation – the problem is the failure to carry out the optimal studies. Obviously the lack of evidence resulting from the lack of studies is not informative. We should demand affirmative evidence about what risk exists, and make decisions that admit and consider whatever is found. Industry should pay for independent research but failing that, creative solutions are called for. I hope to develop a self-administered research tool for collecting case-crossover data that could be used by any interested community.
Bio: Dr. Phillips is an expert in epidemiology and related health sciences, as well as scientific epistemology and methodology. He has earned a PhD in public policy (with an emphasis on economics-based decision making) from Harvard University, completing a dissertation on environmental policy and economics. He completed the Robert Wood Johnson Foundation Scholars in Health Policy Research postdoctoral fellowship at the University of Michigan followed by a second fellowship in philosophy of science at the University of Minnesota. While Phillips has worked in consulting, primarily analyzing energy and environmental policy issues, most of his career has been as a professor of public health. He currently directs an independent academic-style research institute. He has taught at the schools of public health at the Universities of Minnesota, Texas, and Alberta (Canada), as well as the evidence based medicine programs at the University medical schools of Texas, Alberta and Harvard’s Kennedy School of Government.