

## Nissenbaum/McMurtry Response to CanWEA/AWEA Study

[originally posted at <http://www.wind-watch.org/news/2009/12/17/response-to-canweaawea-study/> ]

Studies commissioned by Wind Energy Associations containing paid for results should not be considered independent. No original research was conducted, based on review of the literature a clean bill of health has been awarded. It is a low order of scientific evidence. It has not been peer reviewed.

The evidence may also be of questionable veracity since the recent revelations of evidence of the altering of scientific papers by Hayes McKenzie(UK). Just this week it has been reported that these very noise issues were suppressed in the UK to enable wind turbines to be placed closer to human habitation.

The most egregious finding was the absence of any need for further study. This conclusion is opposite from that decided by the Government of Japan who has recently announced the launch a 4-year epidemiological study into their “Wind Turbine Disease”.

The Maine Medical Association passed a motion asking their government for health studies as well. In France a recent court ruling ordered that wind turbines should be shut down at night in one area.

The weakness of the CanWEA/AWEA white paper is that it admits there may be annoyance -but then goes on to say that annoyance is not a pathological entity. Here, they are wrong, because if annoyance leads to sleep disturbance (and it does) then sleep disturbance leads to a whole range of health issues.

“Annoyance is the measured outcome of a community’s response to survey questions on various environmental and other factors, such as noise exposure. Although annoyance in individuals is sometimes measured in the laboratory, field evaluations of community annoyance are most useful for predicting the consequences of planned actions involving highways, airports, road traffic, railroads, or other noise sources. Factors directly affecting annoyance from noise include interference with communication and sleep disturbance, which have been discussed in earlier sections. Other less direct effects are disruption of one’s peace of mind, the enjoyment of one’s property, and the enjoyment of solitude.....This represents a degradation of health in accordance with the WHO’s definition of health, meaning total physical and mental well-being, as well as the absence of disease” ~ Dr. Alice H. Suter, 1991, *“Noise and Its Effects”*

<http://www.nonoise.org/library/suter/suter.htm#annoyance>

Furthermore, if ‘annoyance’ leads to psychiatric complaints, those in turn are significant. Substitute disturbance or distress for the word annoyance, and things look different.

Were people/victims interviewed regarding their health complaints? What literature was studied?

In this study it was stated by Dr. Robert McCunney that the existing peer-reviewed literature generally examined exposure to sounds from homes or residential areas that are about one kilometer or further away from wind turbines. That is a substantially greater distance than 550 meters as set out by the Ontario Government.

What does 'directly make people sick' mean? The presence of industrial wind turbines is having a direct effect on peoples' health, well-being and quality of life. The symptoms reported are consistent around the world from Japan to New York State to Australia to France to Ontario.

What is the frame of reference in using the word 'minority' which is referenced? Is this a minority within 1000ft., 2000ft. or 10,000ft.?

What minority of people around the globe suffering annoyance, chronic sleep disturbance (and all its negative health effects), and loss of happiness/quality of life is acceptable – 5%, 30%, 49.9%?

**Competing claims remain:** Hundreds of people, documented internationally, genuinely suffer from adverse health effects from the close proximity of wind turbines while the wind industry denies the problems are related.

**One side wants an independent 3rd party epidemiological study done the other side does not.**

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