



NINA PIERPONT M.D. PH.D.

Ms Susan Pascoe, Commissioner
Australian Charities and Not for Profit Commission (ACNC)

Sent via email susan.pascoe@acnc.gov.au

February 9, 2015

Dear Commissioner Pascoe,

I'm told that a senior member of your organization, Assistant Commissioner David Locke, has declared there is no such disease as Wind Turbine Syndrome, nor is there any *"rigorous independent scientific evidence that finds that the ill health complained of is caused by the physiological effects from wind turbines."* All this to justify his decision to refuse to allow the Waubra Foundation to retain its Health Promotion Charity status.

I am the author of the clinical and epidemiological research being dismissed by Locke — research that was peer-reviewed by a range of medical colleagues from the disciplines of neurology, pediatrics, epidemiology and neuro-otology among others. My research established Wind Turbine Syndrome (K-Selected Books 2009) as a bona fide clinical pathology, with statistically significant risk factors.

Wind Turbine Syndrome is now being diagnosed by medical colleagues around the world, including Steven D. Rauch, MD, Director of the Vestibular Division, Harvard Medical School, and Medical Director of the Mass. Eye & Ear Balance and Vestibular Center. Rauch is basically the gold standard.

Also note that Irish Deputy Chief Medical Officer, Dr Colette Bonner, has publicly confirmed the existence of Wind Turbine Syndrome, and mentioned the risk factors for developing Wind Turbine Syndrome — factors I identified (and demonstrated to be statistically significant) in my 300-page report.

I am unaware of Mr. Locke having done any research or investigation in this area of public health and acoustics himself. I understand that he is not qualified as either a medical graduate or noise engineer or acoustician. Absent these skills and knowledge, Locke is more dependent on the opinions of others, some of whom may be influenced by undisclosed financial or political or ideological agendas.



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I understand that Locke has relied in part upon the Australian National Health and Medical Research Council's 2014 Literature review, which did not include my study because the reviewers claimed erroneously that it "did not contain comparative data." Clearly these "experts" had not read my study, or perhaps worse, didn't understand it, because it's loaded with comparative data. Sixty-five pages of it (see the section, "Case Histories" in *Wind Turbine Syndrome: A Report on a Natural Experiment*).

I used a powerful epidemiological tool called a case cross-over series, comparing individual study participant exposures (exposed vs. non-exposed) and clinical responses to wind turbine noise which changed when forced to leave their homes because of ill health — after which symptoms consistently improved or disappeared. My study also compared differences in reactions between family members, in order to establish risk (susceptibility) factors.

The failure of Australian experts to grasp the most basic features of my study must be alarming for epidemiology educators in Australia. Or perhaps ignorance is not the reason for the apparent lack of understanding? (Incidentally, my PhD is from Princeton University in Population Biology, of which epidemiological principles are a subset.)

I understand that issues of (undisclosed) conflicts of interest of some "experts" employed by the NHMRC have been publicly identified in Australia's Federal Parliament by Senators Back and Madigan, as an issue with both literature reviews sponsored by the Australian National Health and Medical Research Council (NHMRC). This, of course, casts doubt on the integrity of both documents.

The global wind industry has worked hard to make it difficult for the truth to emerge about the adverse health effects they knew thirty years ago were directly caused by impulsive infrasound and low frequency noise. Commercial expansion of this industry depends on denying these health impacts. The same health effects I documented were likewise documented by US scientist Dr Neil Kelley and colleagues at NASA in the 1980's, and indeed presented at global wind energy and acoustics conferences. It's clear from evidence given in various court hearings by British wind industry acousticians Dr Malcolm Swinbanks and Professor Geoffrey Leventhall that knowledge of the 1980's NASA-sponsored research was not confined to United States acousticians and noise engineers, but had crossed the pond to the UK.

Even Leventhall, who consults for the global wind industry, seems to agree that the constellation of symptoms I identified as Wind Turbine Syndrome have been known to him to be caused by exposure to sound energy in frequencies below 200 Hz, specifically infrasound (0 – 20 Hz) and low frequency noise (20 – 200 Hz). I am told that he has also publicly acknowledged that the susceptibility factors I identified in my 2009 report were a useful contribution to the field of environmental noise and its harmful impacts on health — but, again, this is hearsay.

Where Leventhall and I differ is on the precise sound frequencies causing WTS symptoms and in the language we use to describe symptoms being reported by those whose health is impaired. Engineers and physicists (Leventhall is the latter) are not trained physicians, and legally cannot diagnose the symptoms being reported as a disease. Nor can noise engineers be expected to understand the wide ranging clinical and research findings required to establish the data base for a new disease.

I am aware of Steven Cooper's just-published work in Australia, confirming that my hypothesis was indeed correct: that infrasonic pressure pulses are involved in directly causing the reported symptoms of Wind Turbine Syndrome, or what Leventhall and his non-clinical colleagues call "noise annoyance."

Let me repeat, *this direct causation was established by Dr Neil Kelley and co-researchers in the 1980's.* Cooper's report adds further evidence that modern upwind-bladed wind turbines can indeed generate the same frequencies at health damaging levels inside homes.

Let's get our terminology straight. A "syndrome" is defined by the Oxford English Dictionary as "a group of symptoms which consistently occur together, or a condition characterized by a set of associated symptoms." The OED defines a "condition" as "an illness or other medical problem," and "illness" as "a disease or period of sickness affecting the body or mind."

In sum, the Waubra Foundation is without question a Health Promotion Charity whose chief activity is the prevention of diseases in humans. No amount of semantic sleight-of-hand or bald-faced assertion by Locke, or anyone else, can change this fact.

In closing, the Foundation's work is broader than focusing exclusively on wind turbine noise. Some years ago at a conference in Ontario (Canada) at which I was the keynote speaker, after hearing from American noise engineer Rick James about the research done in preceding years into the adverse health impacts of infrasound and low frequency noise by Leventhall and others, I suggested that perhaps the illness I had christened "Wind Turbine Syndrome" should more accurately be called "Infrasound and Low Frequency Noise Syndrome."

I suggest the ACNC should carefully review Mr. Locke's decision.

Sincerely,

A handwritten signature in black ink that reads "Nina Pierpont". The signature is written in a cursive, flowing style.

Nina Pierpont MD, PhD