

Rural residents across the world are being forced to be the scapegoats on this badly implemented plan to carpet the earth with industrial wind turbines. Across the world, grassroots citizen groups have sprung up over the sheer frustration of not having our concerns addressed. These concerns are legitimate but because of the intense political slant to this issue, bad science or no science at all is being used to justify this technology and its negative effects.

In Ontario, Canada, a community-based self reporting health survey in the areas where wind turbine complexes are operating has been conducted. There are about 585 operating turbines across Ontario. Within 6 weeks, 73 responses were received. Of this, 53 victims reported disturbed living conditions and adverse health effects. Some have been forced from their homes.

Dr. Robert McMurtry, former Dean of Medicine at the University of Western Ontario presented these results of the health survey of the people now suffering many side effects while living near industrial wind turbines. Some of the adverse health effects include sleep deprivation which leads to serious health problems, headaches, tinnitus (ringing in the ears), and some serious cardiac effects such as irregular heart rhythm, palpitations and high blood pressures.

Reports of health problems are still coming in. The survey will be ongoing and results will be updated periodically. We are almost at 100 respondents.

The wind turbine complexes implicated include: Melancthon Phase 1 and 2, Canadian Hydro Wind Developers, Shelburne, Kingsbridge 1 Wind Power, Goderich, Kruger Energy Port Alma, Port Alma, Ripley Wind Power, Ripley, Enbridge Ontario Wind Farm, Kincardine and Erie Shores Wind Farm, Port Burwell.

The reports of symptoms are consistent with the work of Dr. Amanda Harry (2007), U.K., Dr. Nina Pierpont, U.S.A. and Dr. Michael Nissenbaum (Mar 2009), U.S.A. If you wish references to these, I can provide them.

This is not unique to Ontario.

Dr. Amanda Harry studied 42 adults and found disturbed living conditions, a high number of subjects experiencing sleep deprivation, headaches and other adverse health effects from wind turbine complexes.

Dr. Nina Pierpont from the USA, has studied 10 families comprised of 38 people. Eight families have been forced from their homes. The last two would like to but cannot afford it so they are coping. Dr. Pierpont's peer review book Wind Turbine Syndrome is targeted to physicians and is due in about a month. In the meantime, she has published peer reviewed excerpts on her site [www.windturbinesyndrome.com](http://www.windturbinesyndrome.com) As well, she has published online, Wind Turbine Syndrome Lite for consumers which can be downloaded free of charge.

More physicians are expressing concerns regarding adverse health effects with wind turbine complexes.

In early 2009, the medical staff from the Rumford health center in Maine unanimously signed a resolution asking for a 1 year moratorium until proper studies are done. In early March, 2009, the Medical Staff of Northern Maine Medical Center followed closely behind and echoed the concerns expressed by Rumford's medical staff.

In late March, 2009, Dr. Michael Nissenbaum from the Northern Maine Medical Center presented his findings to the Maine Medical Association, of a study he conducted. Dr. Nissenbaum interviewed 15 adults. The data, which he characterized as alarming, suggest the residents are experiencing serious health problems related to shadow flicker and noise emissions from the turbines near their homes. The onset of symptoms including sleep disturbance, headaches, dizziness, weight changes, possible increases in blood pressure, as well as increased prescription medication use, all appear to coincide with the time when the turbines were first turned on (December 2006).

The National Institutes of Health (NIH), a prestigious institute, has stated 'Wind energy will undoubtedly create noise, which increases stress, which in turn increased the risk of cardiovascular disease and cancer.' Environmental Health Perspectives, volume 116, pg A237 – 238, 2008)

In Japan, in early February, 2009, 70 cases of adverse health effects with wind turbines were reported. The Japanese call this Wind Turbine Disease. The Minister of Environment fears a public health issue and is investigating low frequency sound as being of concern.

In Europe, a consortium of over 350 groups from over 18 countries has formed. See [www.EPAW.org](http://www.EPAW.org) .

Ontario victims have formed a support group called Victims of Wind (VOW). Victims have been discounted, ridiculed, denigrated by the authorities and the wind energy industry. Victims are now making their voices heard.

All of this says that there is a problem. Guidelines for setbacks and noise are not working. People are getting sick. Our setbacks are designed for economic and political reasons. We need setbacks for health that are based on proper epidemiological studies.

We lack long range vigilance surveillance programs for new technologies including that for wind energy. For pharmaceuticals, we have both pre- and post- marketing vigilance. We need vigilance for technology implementation to monitor health impacts to the population of Canada with special attention to the elderly, infants, children and the unborn that are exposed during the mother's pregnancy, and workers such as farmers and technicians who work near wind turbines. In the pharmaceutical section, there are mandatory reporting requirements for the industry and this is needed for industries implementing technological based products such as wind turbine complexes.

Wind energy has been implemented around the world without proper studies.

Victims are suffering and being ignored. It is shameful this is being allowed and is supported by our governments, both in Canada and Australia.

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