Dear Senator Madigan,

This is my submission to the Select Committee on Wind Turbines.

My qualifications and experience

I am a Professor in Public Health at the University of Sydney. I am an elected Fellow of the Australian Academy of Social Sciences, and have a PhD in Medicine from the University of Sydney and am an Honorary Fellow of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom.

I am currently on long service leave, prior to retirement. I have published or have in press 498 original articles, editorials and commentaries in peer reviewed journals and 19 books and major reports. My work has been cited by others over 9,300 times (see full CV here http://api.profiles.sydney.edu.au/AcademicProfiles/profile/resource?urlid=simon.chapman&type=cv).

In 1997 I won the World Health Organisation’s World No Tobacco Day Medal and in 2003 I was voted by my international peers to be awarded the American Cancer Society’s Luther Terry Award for outstanding individual leadership in tobacco control. In 2008 I won the NSW Premier’s Cancer Researcher of the Year medal; and the Public Health Association of Australia’s Sidney Sax medal. In 2013 I was made an Officer in the Order of Australia for my contributions to public health and was awarded Australian Sceptic of the Year by the Australian Sceptics.

I teach postgraduate students in the School of Public Health, and lecture to medical students. I have done this since 1987.

As the Parliament has previously been informed (see www.aph.gov.au/~media/Committees/Senate/committee/priv_ctte/completed_inquiries/2010-present/report_157/d01.pdf) I have never had any competing interests with any wind farm owner nor agents acting for them. In late 2013, I prepared a sworn expert report for the Victorian Civil and Administrative Tribunal hearing on the proposed Cherry Tree wind farm and was remunerated for my
report by lawyers acting for Infigen Energy. As you would be aware, expert witnesses’ sworn duty is to
the court or tribunal, not to any party to a case.

My publications and expertise on wind farms

I have published 5 original articles and 4 letters in peer reviewed journals on wind farms and health
(listed below), and in the past 12 months have written invited expert reviews on papers on wind farms
and health by the research journals Noise and Health, the International Journal of Acoustics &

1. Crichton F, Chapman S, Cundy T, Petrie KJ. The link between health complaints and wind turbines:
support for the nocebo expectations hypothesis. Frontiers in Public Health 2014; doi:
10.3389/fpubh.2014.00220 (available here:

2. Chapman S, Joshi K Fry L. Fomenting sickness: nocebo priming of residents about wind farm health

3. Chapman S: Factoid forensics: Have “more than 40” Australian families abandoned their homes
http://www.noiseandhealth.org/article.asp?issn=1463-
1741;year=2014;volume=16;issue=71;spage=208;epage=212;aulast=Chapman]

4. Chapman S, St George A, Waller K, V. The pattern of complaints about Australian wind farms does not
match the establishment and distribution of turbines: support for the psychogenic, 'communicated
here: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0076584]

5. Chapman S, St George A. How the factoid of wind turbines causing “vibroacoustic disease” came to
2013; 33:244-9 [Attached as Appendix 1]

6. Chapman S. Commentary: Major problems with recent systematic review on wind farms and distress.
association-between-wind-turbines-and-human-distress#.VHJMG4d_gjV -- see commissioned review
under “community discussion” at that link)

7. Chapman S. “Vibroacoustic disease” is recognized only by the heavily self-citing research group
promoting it. A reply to Alves-Pereira and Castelo Branco”. Aust NZ J Public Health 2014; 38:192-3 doi:
10.1111/1753-6405.12230 [Attached as Appendix 2]


I also maintain an on-line collection of claims by opponents of wind farms about diseases and symptoms in humans and animals (Available here: http://ses.library.usyd.edu.au/bitstream/2123/10501/4/Wind_Disease_List.pdf.)

Currently there are 244 different diseases and symptoms that have been made about wind turbines. I do not believe there is anything in the whole of health and medicine which has attracted such a large and often bizarre and frankly often absurd range of claims (eg: lung cancer, skin cancer, hemorrhoids, herpes, alcoholism, disoriented echidnas)

I similarly maintain a public list of scholarly reviews of the evidence about wind farms and health. Currently, 25 such reviews have been published since 2003. All of these reviews are consistent in their conclusions that there is poor evidence for any direct causal relationship between wind turbines and health problems; that small minorities of residents near wind turbines See http://ses.library.usyd.edu.au/bitstream/2123/10559/7/WindHealthReviews_3.pdf

I draw your Select Committee’s attention to the following publications, together with my comments on why these are likely to be of interest to your Committee.


Comment: This paper is of great importance to the question of whether there are likely to be psychogenic factors relevant to understanding the history and distribution of complaints about wind turbine noise and/or health problems. It is an attempted audit of all known complainants across all Australian wind farms (excluding complaints about non health related matters such as visual amenity or alleged danger to flora and fauna). Using four sources of information, we were able to find just 129 complainants out of an estimated residential population living within 5km of the wind farms of 45,000.

The central reason for the importance of this paper is that in recent years, the communicative environment about wind farms and health in Australia has become indelibly corrupted by often virulent claims about the harms of wind turbine exposure. This discourse was very uncommon and isolated before 2009 in Australia, when the Landscape Guardian anti-wind farm network began adding health concerns to their normal emphasis about assaults on visual amenity, and the Waubra Foundation.
commenced its publicity campaign. From that point on all communities with wind farms or with them proposed became exposed to information designed to make residents anxious about turbines and health problems. This raises major problems for any investigation into the question of whether complaints and symptoms are a direct result of turbine exposure or a nocebo response to the fear of what turbines are said to cause.

Our study, in examining (a) records of health complaints dating from times prior to 2009 and (b) in areas of Australia where anti-wind farm opposition has not occurred and so where anxieties have not been raised, provides vital data on whether residents experience health problems and complain in the absence of a communicative environment that is negative about wind farms and health.

We found that the large majority of complainants in Australia were concentrated at just 6 of the 51 wind farms and that most had occurred after 2009.


Comment: This English study reports that those “with a more negative attitude to wind turbines perceive more noise from a turbine located close to their dwelling and those perceiving more noise report increased levels of general symptoms. Individuals' personality also affected attitudes to wind turbines, noise perception from small and micro turbines and symptom reporting.”

This paper is particularly important to be read in conjunction with my paper #1 above. This is because critics of my paper have sought to argue that the rise in complaints in recent years is associated with the increase in the number of large wind turbines. They imply that smaller turbines do not cause problems. This paper shows that even with small and micro turbines, those with “negative attitudes” toward them have increased levels of reported symptoms.


Comment: This is a companion paper to #2 above, which reaches similar conclusions but for wind turbines of all sizes.


These two published critiques below of the Nissenbaum et al paper will almost certainly not be referred to you by those claiming that paper is important.
http://www.noiseandhealth.org/article.asp?issn=1463-1741%3Byear%3D2013%3Bvolume%3D15%3Bissue%3D63%3Bspage%3D148%3Bepage%3D150%3Baauthor%3DOllson

http://www.noiseandhealth.org/article.asp?issn=1463-1741;year=2013;volume=15;issue=63;spage=150;epage=152;aulast=Barnard

#5. Chapman S: Factoid forensics: Have “more than 40” Australian families abandoned their homes because of wind farm noise?

Comment: An examination, using six potential sources of information, about whether the claim that “more than 40” Australian families have had to “abandon” their homes near wind farms. I conclude

Results: Claims about 12 Australian households permanently (n=10) or periodically (n=2) leaving their homes were found. However, no house appears to have been permanently “abandoned” without sale, as the expression implies. These 12 cases need contextualizing against considerations that several of those involved were either dedicated activists against wind farms from times sometimes pre-dating their construction, were engaged in protracted negotiations for home purchase with wind companies, had pre-existing health problems, grievances with the wind company over employment or had left the area for unrelated reasons of employment elsewhere.

Conclusions: The statement that “more than 40” houses have been “abandoned” because of wind turbines in Australia is a factoid promoted by wind farm opponents for dramatic, rhetorical impact. Other considerations are often involved in abandonment unrelated to the claims made about wind farm noise.


Comment: This peer reviewed paper explores the evidence base for the claim that wind turbines cause a problem called “vibroacoustic disease”, often promoted by wind farm opponents as a problem caused by wind turbines. It shows that this “disease” has no recognition in medicine and that the putative claim about a connection with wind turbines was based on an n=1 study of abject quality. Some 70% of citations for papers about “vibroacoustic disease”
Additional comments

I am unaware of any medical practitioner who has ever diagnosed any patient in Australia with “wind turbine syndrome”. Those claiming to have been made ill by wind turbine exposure are all self-diagnosed. This “syndrome” is not a diagnosis recognized by any authoritative diagnostic classification scheme anywhere in the world.

Moreover, a case brought before the Ontario Environmental Review Tribunal by residents claiming to be affected by a wind farm, collapsed when the Tribunal requested that complainants supply their medical records to determine whether their complaints pre-dated the operation of the wind farm. The complainants declined to provide these records, claiming the request was onerous. Medical records are easily obtained and are often used as evidence in legal cases and transferred from general practitioner to specialist with the consent of patients. The refusal of the complainants to supply their medical records as corroborative evidence for their claims was therefore telling (see http://www.ert.gov.on.ca/files/201202/00000300-BKF5BC0DDLO026-CBT55E313IO026.pdf)

I am unaware of any Australian case of a wind farm complainant making their medical records available in support of their claims that the commencement of wind farm operation was followed by onset or aggravation of health problems.

The United States National Library of Medicine’s PubMed online collection of health and medical research across all fields currently has over 24 million papers online, contained in high quality peer-reviewed journals. A search I conducted today for “wind turbine syndrome” on PubMed resulted in just 3 papers (see screenshot below). This is not a concept which has received any recognition recognized by serious researchers, diagnostic authorities or any government.
Many of the most common symptoms attributed by complainants to wind turbine exposure are symptoms commonly found in all communities, regardless of the presence of wind turbines. (see http://bmjopen.bmj.com/content/4/6/e005374.full.pdf) For example, 35% of people experience fatigue and headaches and 26% sleeping problems in the last 7 days.

These symptoms are often symptoms of anxiety, stress and anger. It is understandable that some people who do not like wind farms, who would rather that they did not have them in their locality, who resent neighbours earning considerable rent from hosting turbines when their own adjacent properties may be topographically unsuitable, or who have “negative”, complaining personalities, may “worry themselves sick” via the nocebo effects described in my 2014 publication in Frontiers of Public Health (full reference above). Sir Simon Wessely, current President of the Royal College of Psychiatrists, has also published a review on nocebo effects and wind turbines (see http://www.noiseandhealth.org/article.asp?issn=1463-1741;year=2014;volume=16;issue=69;spage=116;epage=122;aulast=Rubin) which reached broadly similar conclusions.