

OPEN LETTER

Mike Barnard's disreputable wind industry propagandist role revealed

Vicious, grossly inaccurate and sometimes defamatory attacks on professionals and researchers are relentless from the wind industry and its vocal cheer squad. Their targets include individuals such as Dr Nina Pierpont, Professor Bob McMurtry, Dr Michael Nissenbaum, Dr Sarah Laurie, Mr Steven Cooper, Professor Colin Hansen, Mr Les Huson, Mr Rick James and numerous others, who work to uncover the truth of reported acoustic emission related adverse health impacts linked to Industrial Wind Turbines.

One of the most prolific and virulent is someone called Mike Barnard, an IBM employee. It seems he began his attacks when living in Canada, and is now physically located in Singapore. Whilst Barnard claims to be operating independently of his employer, IBM, the amount of time he spends blogging on wind power and smart grid related issues, and the business connections IBM have with the renewables industry with respect to smart grid technology and renewable energy, make his assertion that IBM are not involved and supporting his activities questionable.

When one of Barnard's cyber bullying victims informed him what he'd written was libellous, Barnard's comment in response was to the effect that he was laughing at them because he was untouchable by living in Singapore and utilising free blogging software in a 'Cloud'.? IBM has a strict policy on cyberbullying, and has been specifically made aware of Barnard's activities. What action has IBM taken to discipline their vocal employee, who is bringing their organisation into considerable international disrepute with his behaviour?

So who is Mike Barnard, and what are his professional qualifications? On Barnard's personal blog site he states he became interested in blogging on energy concerns several years ago, and this led:

*"...to significant contacts, research and writing related to wind energy and its myriad societal and commercial interconnections, including the electrical grid, wind energy innovations, social license, health, noise and legal aspects."*¹

In a response to comment on one of his blogs he responded with:

"For a little context on my background, I was the Business Architect responsible for delivery of the world's first full public health surveillance system for communicable diseases, ...funded by the Canadian government..."

On his blog site introduction he states:

"IBM, was engaged to build the major technical solution which automated management of communicable disease and public health surveillance".

This related to Canada. He goes on to state he:

"... joined the program in the late 2000's as the business architect, responsible for understanding policy, epidemiology and other business drivers and balancing them with what was pragmatically possible..."

IBM was contracted in 2006 to design a system to be completed in 2007. They completed the design of the program in 2008, but in June 2013 the Canadian Medical Association journal : journal de l'Association medicale canadienne (CMAJ:JAMC) published an article which reported since then progress had been delayed because of numerous technical problems and confusion among provinces and little had been heard of the program since, "The concept has gone almost nowhere".²

Barnard continues to inform us how he has read through health studies and reviews related to wind power from around the world and claims:

"...constant and deep access and conversations related to public health management, epidemiology and the nature of medical evidence ... That experience and on-the-job education has been invaluable as I've read through health studies and reviews related to wind power from around the world..."

This has apparently also led to

"...recognition of my expertise...", and "...I'm please to say that my material is helping to shape legal defences of wind energy, advocacy programs and investments in several countries".

In addition in 2013 he was assigning a blog 'debate' relating to bird flight paths through a proposed Wind Turbine site, as being his impetus to start collecting material, and creating his own personal blog saying:

"A few years ago I started down a road that has led to an unexpected place".

However, blogs can be found from him on energy from around 2010³, his voyage into Health issues seems to have begun around 2012 when he attacked Dr Nina Pierpont and Dr Nissenbaum. Barnard has been involved in blogging on wind energy issues for some time, and he considers himself to be an integral part of the wind industry's product defence strategy, which is certainly consistent with his behaviour. This is also consistent with how he is perceived by others who are also actively engaged in the same dishonest activities of denying the known adverse health impacts of wind turbine acoustic emissions; known to the wind industry and acousticians to cause damage to health via "annoyance" symptoms including sleep disturbance and body vibrations for nearly thirty years, since the work undertaken by Dr Neil Kelley et al in collaboration with NASA and a number of research organisations and wind turbine manufacturers.

The list of 'publications' following these claims relate to blog sites and/or websites which are sites supporting Renewable Energy production and blogs which repeat the misinformation. They are not peer reviewed journal articles, nor has Mr Barnard been qualified to give expert evidence in any jurisdiction on wind turbine health and noise issues.

Barnard proudly displays a list of his 50 "Skills and Expertise" which includes "Wind Energy and Health". None of the others cover any medical or health skill or expertise, and it hasn't been possible to locate any medical or health related training or degree, or indeed any other relevant technical, professional or academic qualifications he has achieved with direct relevance to wind turbine noise or health, as he does not provide details of them. This suggests that Mr Barnard does not have that relevant professional background, academic training or expertise.

Just what is Mr Barnard's specific expertise in this area?

Throughout Barnard's blogging career he has concentrated on castigating, defaming and ridiculing those who do have qualifications, research and/or authorships, and who are demonstrably independent of the wind industry and from those who benefit financially from its operations.

One person in particular he's taken aim at is Dr Sarah Laurie from South Australia, who is the CEO of the Waubra Foundation. The Waubra Foundation was established to facilitate independent multidisciplinary research into the impacts of infrasound and low frequency noise and vibration on human health. Wind turbine noise is just one source of noise the Foundation is concerned with.

Dr Sarah Laurie is a fully trained and qualified doctor, with clinical experience as a highly regarded rural General Practitioner, but she is not currently registered to practice medicine because of personal and family health issues and caring responsibilities. In Australia, it is a requirement that to practice medicine, you must be currently registered with the Australian Health Practitioners Regulatory Agency

(AHPRA). Dr Laurie is not currently practising medicine with her current work as CEO of the Waubra Foundation. She is not seeing patients, she is not diagnosing conditions, and she is not prescribing medicine. She is listening carefully to what people adversely impacted by environmental noise tell her about their health problems, and the diagnoses their treating health practitioners have given them, if they choose to share that information with her.

Claims made by Mr Barnard (and others working with the wind industry such as Infigen Employee Laura Dunphy, and VESTAS employee Ken McAlpine) that she is deregistered are deliberately false. Implying that she has been 'struck off' for professional misconduct is just one example of Barnard's regular defamatory utterances, which are then repeated by others. Further his claims that she was 'forced' to stop using the title of Doctor are also false. Mr Barnard continually deliberately misleads his readers with such comments and is clearly disinterested in the truth.

Because of a spurious complaint to the regulatory authority that she was "practising medicine whilst being unregistered" Dr Laurie voluntarily offered to AHPRA not to use the title 'Dr' which retired or non-practising doctors are legally entitled to do in Australia, because she did not wish to mislead anyone about her current non registered status in her work with the Waubra Foundation. There had been no complaints to AHPRA from anyone who Sarah had interacted with that she had misled them as she had always been careful to ensure that anyone contacting her directly for information about their own circumstances was well aware of her current unregistered status. Indeed anyone with any awareness of this issue would be well aware of her current unregistered status because of the wide and frequent publicity this issue was given by the wind industry and its vocal supporters, particularly Professor Simon Chapman, the ABC and Fairfax media.

There is no restriction on anyone else referring to her as 'Dr', nor is there a restriction on her using the title if she was not performing her role as the Waubra Foundation CEO. AHPRA staff expressed their gratitude to her for this offer not to use the title "Dr", which they accepted, with the proviso that when she reregistered to practice she would resume using the title 'Dr'.

This issue was specifically clarified in the Environmental Review Tribunal Decision: Bovaird v. Director, Ministry of the Environment where the judgment stated the following:

"...The Tribunal finds that this evidence supports Ms. Laurie's assertion that the AHPRA did not make any finding in respect of the complaint made against her."

Why did Mike Barnard ignore this finding of the Tribunal?

It is clear that he did not mention it because his intent was to deliberately smear Dr Laurie's professional and personal reputation. It is also clear that the original widely publicised complaint to the NHMRC and AHPRA alleging professional and research misconduct, was done for precisely the same reasons by those within public health and wind industry circles in Australia who were unhappy with the attention the issue of health damage from wind turbine noise was attracting.

Those involved in this sordid episode include senior people in the ranks of public health bodies in Australia, including the Public Health Association of Australia, who's CEO, Michael Moore made the complaint, and whose computer created the defamatory "anonymous" allegation document. Mr Moore has since apologised to Dr Laurie, and the NHMRC CEO Professor Warwick Anderson has also apologised for the NHMRC's behaviour towards Dr Laurie in a letter to the Chair of the Waubra Foundation, Peter Mitchell. The NHMRC unnamed "spokesperson" had leaked information about the allegations to crikey journalist Amber Jamieson, specifically naming Dr Laurie. Others such as Professor Simon Chapman have admitted they "saw a draft" of the defamatory allegations document, and Infigen Energy's propagandist Ketan Joshi is uncharacteristically silent when challenged by others on various blog sites about his knowledge and involvement in the production and distribution of

this defamatory document. The format of the document was remarkably similar to the way Infigen energy prepares their responses to issues raised by objectors to their environmental assessments.

Among Dr Laurie's credentials are her positions as a former Examiner for the Australian College of General Practitioners, a former Mid-North Division of General Practice representative and former member of the regional Mental Health Advisory Committee. She was a provider of pro bono services to the local Aboriginal community and a cofounder of the regional Rape and Sexual Assault service. She also undertook emergency care work at the local rural hospital as a visiting medical officer, in addition to her role as an employee, associate and then partner in a local medical practice.

These credentials are not confidential, and are available to Mr Barnard and anyone else who wishes to ascertain her qualifications, just by looking at the Waubra Foundation website ⁴, and reading the speech given in the Australian Federal Parliament about this matter, by the former Member for Hume, Alby Schultz.⁵

Dr Laurie states clearly she has no expertise in acoustics, but does consult regularly and collaborates closely with those who are acousticians, to help ensure she understands what she needs to in relation to exposure levels of infrasound, audible noise and vibration and correlations with reported health symptoms. She also repeats constantly she does not undertake and is not trained to do research in an academic manner, but is actively facilitating the research being conducted by others. What she goes to great pains to explain is that she listens very carefully to the symptoms people living near environmental noise experience themselves and then try and describe. This is a core skill required by rural general practitioners, something she was specifically trained to do and was particularly skilled at. Rural doctors need excellent diagnostic skills, most of which is dependent on taking a very careful clinical history, as they do not have the luxury of specialists "next door" and easy and rapid access to a range of diagnostic facilities which city counterparts take for granted.

Dr Laurie then collects and collates pieces of information given to her by people reporting changes to their health after wind turbines and other industrial noise sources begin operating in their vicinity, looking for similarities and patterns which give important clues as to direct causation. Occasionally people provide her with some of their medical records and other health data, which is kept confidential unless the person concerned gives their permission for the information to be out in the public domain, or the information has already been reported publicly in the media or in oral or written testimony to courts, tribunals, and parliamentary inquiries.

Dr Laurie always maintains confidentiality, even when under significant and very public pressure from others demanding she release information to them for their research. One example is the repeated private and public harassment from Professor Simon Chapman, Professor of Public Health at Sydney University, and Expert Adviser to the Climate and Health Alliance, to release the names of residents forced to leave their homes and other details such as locations of their abandoned homes. Much of that information had been provided to her in confidence, and some of the information could have caused significant harm to the people concerned – for example because of non-disclosure clauses in legal documents signed by people providing the information, or by their close relations. Others requested privacy because of concerns about property damage, burglary or arson to unoccupied homes. It has subsequently emerged from inquiries made by Senator Madigan's staff, that at the time Professor Chapman conducted his inquiries, he did not have in place prior ethics committee approvals from the Sydney University Ethics Committee. **Requests for information were made directly to wind turbine noise affected residents, causing them considerable distress.**

Whatever the Bovaird ERT Tribunal said in Ontario, Dr Laurie cannot be objectively considered as having been 'diagnosing' patients since she ceased practicing.

Examination of information consisting of health issues diagnosed by treating physicians and discussing this information with the informants does not constitute 'making a diagnosis', which is a

process requiring a thorough clinical evaluation by a treating health practitioner. What Dr Laurie did in the Boviard case is no different to what she has done elsewhere, and can only be considered as evaluating the combination of specific individual clinical circumstances with respect to the available research evidence and clinical knowledge. That was precisely what Dr Laurie had been asked to do. She was not asked to diagnose patients, nor would she have done so, as she is well aware of the appropriate constraints on such activities for those who are not currently registered to practice medicine.

Irrespective of the Environment Review Tribunal's questionable determination in the Boviard case, which is consistent with other questionable decisions made by the same Tribunal resulting in many rural Ontarians being harmed by wind turbine noise because of unsafe and continuing wind turbine development approvals, ***it is logically impossible for anyone to diagnose someone 'before' they have symptoms.***

Identifying that some people who have one or more acknowledged risk factors prior to Industrial Wind Turbines beginning to operate provides information about predictable health problems which may ensue with exposure to infrasound and low frequency noise. You don't have to be a trained doctor or research academic to come to that conclusion, but clearly the knowledge attained from years of study and subsequent clinical practice does put a formerly registered practising medical practitioner in a position where her expertise can be utilised, as an expert witness in this field, without her currently 'practising' medicine.

The complete lack of critical thinking used by members of the Ontario Environment Review Tribunal who used such irrational logic to determine whether someone has the ability to offer a hypothesis, is mind boggling at best and disturbingly suggestive of bias at worst.

There are constant references to Dr Laurie not being able to stipulate what distance she determines is a safe distance these turbines should be from people. Dr Laurie consistently states she cannot provide a fixed distance, as there are many variables to be considered and the multi-disciplinary research needs to be undertaken first. After all, not only are turbines becoming larger, and installed in greater numbers in individual projects or through extending existing project many other variables have to be taken into account, such as the geology, wind directions and speed, seasonal changes, temperatures to name some.

Professor Colin Hansen's research group's latest acoustic survey at Waterloo Wind Development in South Australia⁶ is a good example of the sort of research Dr Laurie has been stating is required for the last four years. That acoustic survey demonstrated that there is indeed a low frequency noise problem for neighbours to Waterloo wind development, and that it can extend out even beyond 8km under certain circumstances.

This is precisely what Dr Laurie stated three years ago; when the Waubra Foundation's explicit Cautionary Notice was issued on 29th June, 2011. The information which led to the distance of 10km being specified in that document came from adversely impacted residents at Waterloo. Professor Hansen's team's research findings have now supported Dr Laurie's statement in 2011 about the distance of impact and are consistent with the residents' consistent reports for nearly four years of a low frequency noise problem from the wind turbines at Waterloo, which severely disrupts their sleep.

Much is made by Mr Barnard and others of the 'nocebo' effect, whilst they dismiss the existence of 'wind turbine syndrome'. However Mr Barnard fails to disclose that British Acoustician Dr Geoff Leventhall specifically acknowledges the existence of the symptoms of wind turbine syndrome, indeed Leventhall stated in June 2011 in a presentation to the National Health and Medical Research Council⁷ that he had been familiar with the identical symptoms to WTS which he calls "noise annoyance" for "years". Leventhall further noted that Dr Nina Pierpont's contribution to the field of environmental noise was to identify certain risk factors for developing 'noise annoyance' symptoms.

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For those interested, the presentation and the slide show are available on the NHMRC website, and also on www.wind-watch.org. The relevant slides are slides 42 – 44, and the footage is between 49 and 52 minutes of the video.

Mr Barnard has also failed to disclose that leading otologist, and Harvard Professor Steven Rauch has recently confirmed that he is seeing patients with the characteristic symptoms of 'wind turbine syndrome'. Journalist Alex Halperin had this to say in a recent article.⁸

“Dr. Steven Rauch, an otologist at the Massachusetts Eye and Ear Infirmary and a professor at Harvard Medical School, believes WTS is real. Patients who have come to him to discuss WTS suffer from a “very consistent” collection of symptoms, he says. Rauch compares WTS to migraines, adding that people who suffer from migraines are among the most susceptible to turbines. There’s no existing test for either condition but “Nobody questions whether or not migraine is real.”

““The patients deserve the benefit of the doubt,” Rauch says. “It’s clear from the documents that come out of the industry that they’re trying very hard to suppress the notion of WTS and they’ve done it in a way that [involves] a lot of blaming the victim.”

Mr Barnard also fails to mention the opinions of rural family physicians such as Dr Sandy Reider, from Vermont, who is at the front line of clinical care for those affected by wind turbine noise, that 'wind turbine syndrome' is a euphemistic description which does not sufficiently depict the clinical severity of the clinical cases he is seeing.

Mr Barnard fails to mention the opinion of Irish Deputy Chief Medical Officer, Dr Colette Bonner, who has also publicly acknowledged the existence of 'wind turbine syndrome' and said that those affected need to be treated with understanding. A recent media report from Ireland stated the following:¹⁰

“The Department of Health’s Deputy Chief Medical Officer, Dr Colette Bonner, has said that older people, people who suffer from migraine, and others with a sensitivity to low-frequency vibration, are some of those who can be at risk of ‘wind turbine syndrome’.

“These people must be treated appropriately and sensitively as these symptoms can be very debilitating,” she commented in a report to the Department of the Environment last year.”

Mr Barnard, and those whose commercial interests he is working so hard to protect, is involved in a grubby, dishonest, misinformation and vilification campaign, as part of a global defence strategy for the global wind industry. This industry has been well aware of the problems directly caused by wind turbine noise since 1987, when Dr Neil Kelley's research¹¹ establishing direct causation of annoyance symptoms from infrasound and low frequency noise was presented at the American Wind Energy Association conference.

Mr Barnard and his associates' behaviour is further eroding the personal and professional reputations of all those involved, and eroding the reputations of the companies and organisations they work for, including in this instance IBM.

However, perhaps more importantly Mr Barnard's behaviour is further eroding the public's confidence in the global wind industry and its social licence to operate. Such tactics in Australia will only result in the lessening of political and public support for the large subsidies from electrical consumers which are required to keep the wind industry operating.

As Professor Ross McKittrick from the University of Guelph in Ontario, Canada, recently pointed out, the wind industry runs on subsidies.¹² Without the support of the public who are funding the wind industry via their mounting electricity bills, and the politicians responsible for the legislation which forces the subsidies to be collected directly from the public, the wind industry in Australia and

elsewhere around the world is doomed – a fitting consequence for such a dishonest and health damaging industry which has shattered the lives of too many rural residents and their families for too long.

It's time, as a growing number of professionals and researchers are openly saying, for the wind industry to accept the problem, and work to eliminate it. "Shooting the professional messengers" as the Energy and Policy Institute publication by Barnard¹⁴ has tried to do, will not stop the litigation for noise nuisance, negligence against complicit acousticians, or applications for injunctions to cease the operation of turbines, and will only further reduce the diminishing social licence for the wind industry to operate.

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