The out-going head of the National Health and Medical Research Council (NHMRC) Warwick Anderson confirmed in Senate Estimates recently that calls for research proposals for up to a total of A$2.5 million over five years will soon be made to investigate questions about wind farms and health.

Under questioning from Greens Senator Richard Di Natale, Anderson told the committee A$2.5m was a paltry fraction of the agency's total research budget, which in 2014 stood at A$802.42m. So A$2.5m is the equivalent of less than 0.06% of a projected five-year research budget on today's allocations.

But researchers' success obtaining grants has never been lower in Australia, with many strong grants falling below the cut-off score, which is ultimately budget determined. In 2014, researchers submitted 3,700 applications for project grants, with only one in 6.7 of these (14.9%) being funded. In the health services research field, 91.8% if applications were not funded.

Anderson has been emphatic that research standards will not be compromised in all this, and that only high-quality applications from suitably experienced researchers will be funded. It is not clear yet whether only one or more applications will be funded, if indeed any are.

The main debate in this area is between those who are adamant that wind turbines emit sounds and vibrations that upset and harm some of those exposed, and those who argue that the available evidence points strongly to health problems and complaints being psychogenic.

Nocebo phenomena – the idea that fear about wind turbines will cause some people to get symptoms – seem to be at the heart of both complaints and claims of illness.

I have documented an Old Testament-length list of 244 different symptoms and diseases alleged by wind farm opponents to be caused by the pestilence of wind farm exposure. The most bizarre of these include herpes, haemorrhoids, lung skin cancer and disoriented echidnas.

Study limitations

In even the best of studies, it will be impossible to separate out nocebo effects from putative direct effects. Here's why. Ideally, researchers could select a location where a wind farm was being planned and conduct symptom- and illness-prevalence studies well before the wind farm was constructed and operational.

They would then repeat those measures at different times after the turbines began, analysing the influence of variables such as noise levels, economic benefit, pre-existing levels of antipathy to wind farms and " negatively oriented personality ". They could also request the production of medical records to see whether reported health problems long preceded the commencement of the turbines.

But this sort of research design will always be corrupted by wind farm opponents who, at the first hint of any wind farm development, move into a local area with the express purpose of alarming and frightening as many local residents as possible about what's down the track.

No wind farm developer could ever commence construction without a long and open period of community consultation. These trigger the alarmists to turn on their best efforts to worry residents sick. This nocebo-priming case study I published recently describes in detail how they operate.

Residents fully sworn against wind farms are highly biased and can game such studies where self-reports of symptoms are central.

Lessons from Canada

Canada has already conducted the sort of study that might be proposed in Australia. In response to agitation from anti-wind groups, starting in 2012, it undertook the largest study of wind turbines and health ever attempted.

The study involved 1,235 houses in Ontario and Prince Edward Island, where randomly selected residents of all houses within 600m of 399 turbines on 18 wind farms were compared

with those living 600m to 10km away.

In October 2014, Health Canada published the top-line results from the $CAN2.2 million study of the very sort that the NHMRC might well be asked to replicate.

It found the following were not associated with wind turbine noise:

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self-reported sleep (such as general disturbance, use of sleep medication, diagnosed sleep disorders)

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self-reported illnesses (such as dizziness, tinnitus, prevalence of frequent migraines and headaches) and chronic health conditions (such as heart disease, high blood pressure and diabetes)

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self-reported perceived stress and quality of life.

It did find that “annoyance” was related to wind turbine noise, with 16.5% of houses in Ontario and 6.3% on Prince Edward Island being annoyed.

Ontario is the epicentre of Canadian anti-wind farm activism, while Price Edward Island has seen little of this. So this major difference in the prevalence of annoyance lends support to the idea that wind farm annoyance is a “communicated disease” spread by anti-wind farm agitators.

The Canadian study also found that:

annoyance was significantly lower among the 110 participants who received personal benefit, which could include rent, payments or other indirect benefits of having wind turbines in the area e.g., community improvements. However, there were other factors that were found to be more strongly associated with annoyance, such as the visual appearance, concern for physical safety due to the presence of wind turbines and reporting to be sensitive to noise in general.

These findings are consistent with conclusions reached in what is now 24 reviews of the evidence.

Predictably, anti-wind farm groups in Canada rejected the Canadian study's conclusions. It seems obvious that the only reports that such groups will ever accept are those which confirm their agenda. This is not a debate which will ever be resolved by research.

Political interests

Disturbingly, the NHMRC has allowed itself to be influenced by what reported internal email described as "the macro policy environment" – bureaucratic code for sensitivity to political interests.

Instead, Warwick Anderson and the Council should have stated clearly and emphatically to the parliament and the public that any researcher wanting to investigate wind farms and health was at perfect liberty to submit such a proposal to compete with all those being submitted by researchers considering any other topic. Such proposals would stand or fall on their competitiveness as determined by peer review.

There is no dedicated research funding being set aside by the NHMRC to further investigate the known massive risks to human health from fossil fuel extraction and burning. And it would be unimaginable for the NHMRC to quarantine money for any other non-disease like wifi sensitivity , smart electricity meter dangers or " fan death ". But this is what it has done here.

The money allocated is not much. But the real damage will be that in having this issue thus elevated to privileged research status, its political apostles will be greatly encouraged.

Editor's note: please ensure your comments are courteous and on-topic .

Simon Chapman does not work for, consult to, own shares in or receive funding from any company or organisation that would benefit from this article, and has no relevant affiliations.

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