

7/7/10 A second opinion: Brown County Doctor's testimony regarding turbine related health impacts.

TRANSCRIPT

EXAMINER NEWMARK: All right. Let me swear you in.

HERB COUSSONS, PUBLIC WITNESS, DULY SWORN

EXAMINER NEWMARK: Have a seat. Just state your name and spell your last name for us.

DR. COUSSONS: It's Herb Coussons, C-O-U-S-S-O-N-S.

EXAMINER NEWMARK: I'm going to start the timer. Go ahead.

DIRECT TESTIMONIAL STATEMENT

DR. COUSSONS: I'm Herb Coussons, M.D. I'm a physician. I live in the town of Wrightstown in Brown County and I have been practicing in Green Bay for eight years, in private practice for 15 years, women's health and primary care, mainly.

I also have an interest -- a special interest in spatial disorientation because I'm an aerobatic and commercial pilot.

I've studied the literature and listened to the testimony of both affected and non-affected residents of the wind turbine projects, and I'm concerned that any setbacks of less than half a mile will have adverse consequences on the people that live near them, primarily because of noise --with noises in those shorter setback ranges over 45 and approaching 55 decibels.

I believe that based on current literature and testimony of others that any levels above 40 decibels will cause chronic sleep disturbance in up to 50 percent of the people that live close to them.

By increasing the setback, noise deteriorates over distance, and this would alleviate some of these problems.

I've heard Dr. McFadden speak from the Wind Siting Council, and I agree that there is no causal evidence now to directly link turbines to health problems, but I do know that noise such as that measured as audible and dBC will disturb sleep.

And exhaustive literature support shows that extensive disturbed sleep does have an adverse impact on health, primarily in the areas of hypertension, cardiac disease, weight gain, diabetes, lowered immunity, increased problems with falling asleep, accident rates, and maybe even poor school performance.

I'm afraid that so far what I've read from the PSC, the Siting Council, and the legislature has been willing to proceed without finding out if there is truly a causal relationship and, if so, what can be done about it.

Sample studies such as home sleep studies, like those done for sleep apnea patients, can provide some direct evidence of people living in wind turbine areas currently. Evaluations such as lab and sleep data on both wind and control patient -- patients that suffer from wind problems as well as those who live outside of turbine areas can also provide much needed information.

Otherwise we're doomed to repeat the same experiment as other wind projects in Wisconsin, around the United States, and the world.

I'm also concerned that by stating that there is no proof of adverse health consequences, as Dr. McFadden has in his presentation, that we give the media, the less informed in the wind industry, license to lie about safety.

In the Brown County Board of Health meeting, Invenergy, a wind developer in the state, stated that due to studies in Wisconsin, wind was safe and beneficial. When paired with Dr. McFadden's conclusions, there seems to be no argument against the industrial wind turbines. But there are no good trials that support their relationship and, if so, what can be done about it.

In the Brown County Board of Health meeting, Invenergy, a wind developer in the state, stated that due to studies in Wisconsin, wind was safe and beneficial.

When paired with Dr. McFadden's conclusions, there seems to be no argument against the industrial wind turbines. But there are no good trials that support their statement or the safety of industrial wind turbines.

It is equally wrong to claim safety based on the literature. It was misleading and there is more case report data showing deleterious effects than beneficial case reports.

In the drug industry, the manufacturers of drugs are required to provide safety information at their own expense prior to releasing drugs in the market. The FDA and governmental oversight regulates this, and I think that the same model could be used with the wind industry as well, as the expense to have some of these studies may be overwhelming for our governmental agencies.

Not only do the health issues concern me, but the economics of wind energy do not make sense. In Europe, Canada, and now the U.S., government subsidies and increased power rates are the only way to make it a viable industry. Reports from Europe continue to caution the U.S. to not go down the road of heavily subsidized alternative energy pathways.

I may disagree with that and I may believe that subsidies are an acceptable cost, but human health is not an acceptable cost.

The effect on adjoining property rights and values is also disturbing. I own 40 acres in Brown County and live there. My sister and brother-in-law put a house on the market in southern Brown County and had an accepted offer on the house pending the sale of another home. As soon as the groundswell of words about the wind industry came, they withdraw their offer, and in the past six months, they've had no lookers.

In conclusion, the wind industry itself in the Beech Ridge project said that setbacks up to a mile would mitigate complaints from sound and shadow flicker. The World Health Organization said sound sleep -- on sound sleep and health stress that a plausible biologic model is available with sufficient evidence for the elements of a causal chain. Thank you.

EXAMINER NEWMARK: Thank you.

COMMISSIONER AZAR: Judge, I want to ask a few questions. I don't usually do that.

EXAMINER NEWMARK: We haven't been doing that yet.

COMMISSIONER AZAR: Okay. Then never mind.

DR. COUSSONS: It's fine with me.

EXAMINER NEWMARK: I have been asking a few questions of witnesses, so I can allow that for now.

COMMISSIONER AZAR: I just have a question with regards to epidemiological studies, which is what I've been hearing a lot about thus far, and the fact that there's a lack of evidence in epidemiological studies.

DR. COUSSONS: Right.

COMMISSIONER AZAR: If you could describe sort of how -- how do I even ask this question? I would imagine there needs to be a lot of folks that are affected for something to essentially hit on the radar with regards to an epidemiological study.

DR. COUSSONS: Possibly, but not necessarily. I mean -- and you know, it depends on, well, if you have a thousand people in our community, and if I use that for an example -- or I'm not sure how many live in the Fond du Lac area, but that development down there. But if you have a thousand people and in self-reported comments or publications or surveys or things like that, if 15 or 35 or 45 percent are self-reported that's still not an epidemiologic, you know, study as far as a cause-and-effect type of thing.

But it's almost impossible to design that kind of study, because how can you sort of blind someone that they're living in this noise environment? You know, it's very impossible. And so from a medical standpoint, you know, after talking with Dr. McFadden, I feel like self-reported is all that we have to go on.

But if we do self-reported and try to get some objective data, like home sleep studies in their natural surrounding about people that do report problems, do the same types of studies on people in the area that don't report problems, and then back up a

mile, a quarter -- you know, a half a mile, five miles and do the same studies, you can show some kind of link to noise and sleep disturbance.

It would take 20 years to show cardiac effect, you know, or hypertension or weight gain or diabetes, and we don't have time for that. We don't have the time or the money or resources to do it.

But I think a short-term study based on distance, some objective data with some self-reported data would be -- I think it would be very telling on adding some validity to some of these people's concerns. And maybe even small numbers. Maybe 20 or 40 people in each group.

COMMISSIONER AZAR: Great. Thanks.

EXAMINER NEWMARK: All right. Thank you very much.

DR. COUSSONS: Thank you.

<http://betterplan.squarespace.com/>