

Commissioner Susan Pascoe,  
Australian Charities and not for Profit Commission (ACNC)  
Sent via email:  
susan.pascoe@acnc.gov.au

Dear Madam,

It has come to my attention that the ACNC has written the following statement in support of the decision to exclude the Waubra Foundation from being considered a *Health Promotion Charity*:

(...) To date there has been no rigorous independent scientific evidence that finds that the ill health complained of is caused by the physiological effects from wind turbines nor that there are human diseases called "wind turbine syndrome" or "vibroacoustic disease."

As a lead researcher into the biological effects of infrasound and low frequency noise exposure (ILFN), I find nomenclature to be pertinent only after the underlying scientific principles are grasped. ILFN-induced pathology in humans and animals has been systematically studied since the 1940's, with a hiatus in the 1960's during the Soviet and U.S. space race. The outcome of ILFN exposure on human health, however, was not exclusively assessed through subjective parameters (such as *annoyance*, for example), rather, physiological responses and pathological changes to organs and tissues were also studied and documented.

Subsequent to the studies of numerous other authors worldwide, ILFN-induced pathology was brought to light by our research group in the early 1980's, based on objective diagnostic tests, such as echocardiograms, lung function, and brain potentials; on electron microscopy studies of ultra-structural aspects of ILFN-damaged tissue; and on the systematic study of symptomatic complaints made by ILFN-exposed individuals. The existence of this documented pathology and the underlying research, however, has often been denied with evidence obtained through Google searches and annoyance evaluations. It would seem, therefore, that your decision is acting as reinforcement for this type of non-scientific arguments.

It is not my place to discuss the economic, political or legal background against which your decision, and this letter are being produced. I represent a group of scientists who procure knowledge for the sake of knowledge, particularly when it advances the wellbeing of societies through the prevention or control of diseases. Wind turbines, for example, are but one of many problematic sources of ILFN that we have investigated over the past 30 years.

Our research group's extensive body of work has had only limited recognition in the Anglo-Saxon literature, and there are many valid reasons for this, albeit only a few legitimately based on scientific principles. Nevertheless, several scientific societies have recognized our work with the following awards:

- 1984 Ricardo Jorge National Institute for Public Health (Portugal) – *Vibration disease: Auditory brain potentials;*
- 1996 Ross McFarland Award, Aerospace Medical Association – *Morphofunctional study of rat pleural mesothelial cells exposed to LFN;*
- 1998 Portuguese Society for Electron Microscopy and Cellular Biology - *Morphological Changes of Tracheal Epithelia in Wistar Rats Exposed to Low Frequency Noise;*
- 2002 Portuguese Society for the Medical Sciences – National Occupational Medicine Award – *The respiratory system in noise exposed workers;*
- 2002 Ricardo Jorge National Institute for Public Health (Portugal) - *Sister Chromatid Exchanges in Rats Exposed to Low Frequency Noise & Whole-Body Vibration;*
- 2004 Portuguese Lung Society - Boehringer Ingelheim Scientific Award: *Involvement of central airways in vibroacoustic disease patients;*
- 2006 National Institute of Safety and Health in the Workplace (Portugal) – *Diagnosis of vibroacoustic disease for forensic purposes.*

It is my hope that the titles of our awarded work will clarify for you the foundational knowledge on which we base our scientific papers. To date, none of these studies has been disputed with opposing scientific evidence. This type of medical and biological evidence requires teams of individuals specialized in bio-clinical medicine, such as our own. Evaluating the level of annoyance amongst ILFN-exposed populations, and then concluding that no ILFN-induced pathology exists is ludicrous in terms of the axioms of scientific methodology. Clinical diagnosis and investigation of a disease is never based solely on subjective evaluations, such as annoyance.

“What you can’t hear won’t hurt you,” is an assertion, and not a scientific truth. Nevertheless, old ideas take a long time to die out, even when repeatedly confronted with the scientific evidence proving them to be outdated. In the meantime, however, where can families turn when confronted with a ILFN problem in their homes or in their workplaces? Small organizations that have taken the form of residents’ associations or workers’ union sections, as well as private citizens intent on informing and educating the public are the only “safe haven” that ILFN-exposed individuals currently possess. By their medical health providers, who check for routine measures, such as cholesterol and blood pressure levels, and find nothing, it is concluded that they should be referred to psychiatric care. By the acousticians brought to the ILFN-contaminated sites, these individuals are told: “What you can’t hear won’t hurt you.” International legislation regarding noise measurements is based on this erroneous assumption, and excludes the very frequencies known to damage health and cause disease. These individuals and families, who are increasing worldwide in astounding numbers, require some form of assistance, at least while the scientific community catches up with their undeniable ailment.

The work of the Waubra Foundation in the area of ILFN-induced diseases in humans is known and respected internationally by the individuals and families who are affected, and by the scientists and acousticians conducting research in this area.

Commissions, such as the ACNC must have a special outlook on cases such as these, where the disease and symptoms are real but existing scientific research is not widely understood or accepted, where more research is required, and where

powerful vested interests may prevent credible scientific research from being accepted.

I kindly and strongly suggest that the decision of the ACNC be reconsidered, as a favour to ILFN-exposed individuals and families, as a small token of recognition of their suffering, and to enable the Waubra Foundation to continue its important work in helping to prevent and minimize the pathology known to be directly caused by excessive exposure to ILFN.

Sincerely,  
Mariana Alves-Pereira, Ph.D.

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