

Dear Sir Sabaratnam Arulkumaran,

The reaction from the Public Information dept. of the BMA to an open letter addressed specifically to yourself was, sadly, somewhat expected. By refusing the request straight away, the BMA have now 'pasted themselves into a corner' which allows no room at all for compromise for the greater good – which at the end of the day is what we should all be aiming for. i.e. Safety for those affected by environmental noise, specifically wind turbine noise pollution.

In the interests of full disclosure of information and potential conflicts of interest, and regardless of whatever excuse is used, if our foremost Medical Association has refused to allow the subject to be raised for discussion and debate, it remains the task of others to do that job for them. This is precisely why our Prime Minister and other members of Government have been copied. The letter and information sent is also circulating at 'grass roots' to medical practices in some rural areas from those who can find the time to do this and who recognise the importance.

Not lost to many will be the observation that, whilst the BMA is clearly a professional association and a "trade union" for doctors, it has also issued numerous statements on matters which imply it *also* has concerns for the health of the public. Importantly, the BMA also advises government from time to time on health matters which do not only relate to doctor's "trade union" issues, such as human rights, for example. There are sections in your BMA articles and bye-laws 2013-2014 which demonstrate why, with respect, the organisation is revealed *not* to be just a doctors Union at all - there is much *much* more being addressed and achieved apart from acting to protect doctor's interests. On page 25, part 6, point 70 under "Power and Duties" the articles state "in particular the Council shall have power, in the interval between successive meetings of the Representative Body, to formulate and implement policies. You also hold annual scientific meetings, (p 60, point 112). The BMA's Board of Professional Activities Directorate is clearly involved in education of the medical profession, and in the table on page 79 it states the activities include the following: *"To be the centre of excellence for the pursuit of issues involving ethical, scientific, research, educational and international matters. To co-ordinate the professional activities of the Association in accordance with the instructions of Council."*

With respect to your organisation's relationship with the British Medical Journal, it appears there is quite a close relationship, contrary to advice given. The journal is published by or on behalf of the BMA, and its Editor and Board is appointed by the BMA, with the Council of the BMA able to give direction as to the contents of the journal.

Finally, and possibly most importantly, there is mention of medical ethics on page 109, specifically *"to consider the ethical implications of all matters concerning the medical profession, the public and the State, and to be responsible for liaison with the General Medical Council and the medical defence societies on matters of ethics affecting medical practice, to examine and endorse protocols for medical research referred to the BMA, and to report to council thereon"*.

It is a somewhat ironic, but useful analogy, to find <http://bma.org.uk/practical-support-at-work/whistleblowing> existing on the BMA website as this is precisely what is in progress through the current attempt to expose an example of what appears to be bad practice 'in house' by the BMA, with the failure of your organisation to address this issue .

On the "about BMA page" here: : <http://bma.org.uk/about-the-bma> this is found:

Lobbying



We work closely with the Government and strive to make an impact on policy which affects you and your patients.

Also this: <http://bma.org.uk/about-the-bma/making-the-most-of-the-new-bma-website>

News services

We publish up-to-the-minute news stories about the issues and topics which the BMA is working on or from the broader healthcare industry.

Our members' interests are at the heart of our news service and we strive to produce content that is interesting and engaging.

We regularly follow the national news agendas and speak up on the *issues of the day* as the voice of our members.

We also ensure that the work of all the departments within the BMA gets proper exposure to inform members of their newsworthy activities.

>Go to News, views and analysis

and this <http://bma.org.uk/working-for-change/improving-and-protecting-health/climate-change/reduce-your-carbon-footprint> which states that

BMA action on climate change

We believe there is an urgent need for action at an individual, organisational, political and global level to prevent unmanageable climate change.

The BMA is a member of the [Climate and Health Council](#) which is an international organisation set up to mobilise healthcare professionals to take action to limit climate change.

We took a lead role in developing the [2009 World Medical Association declaration on health and climate change](#).

We maintain links with the Standing Committee of European Doctors.

We work with politicians at Westminster, the Scottish Parliament, the Welsh Assembly, Northern Ireland Assembly and in the European Parliament to provide briefs on BMA policy, lobby on legislation and co-ordinate the BMA's activities with parliamentary committees.

We meet regularly with key stakeholders such as the Department of Energy and Climate Change and get involved in consultations.

Is it even slightly credible that throughout all these meetings, consultations 'lead roles' etc., listed, that **not once** was the subject of adverse health effects from IWT's wind turbine noise and peer reviewed studies, raised? That **not once** did the subject in hand emerge as worthy of discussion and debate for members, when articles by eminent contributors to the BMJ had appeared such as the editorial published by the BMJ in 2012 by Professor Alun Evans and Dr Christopher Hanning?

Some other professional groups such as acousticians working for the wind industry have a clear financial conflict of interest. So it is of concern to hear of stories that the wind industry has funded, via community benefits, refurbishment of some doctors' surgeries. If those buildings in which the surgeries are housed are privately owned, this creates an obvious problem relating to conflicts of interests due to profits from future sales. If the medical practice has received any financial benefits from a wind developer, regardless of ownership of the building, the potential for a financial conflict of interest has occurred. In view of this, a public response is needed to the question on whether any doctors' surgeries have indeed received **any** "community benefit" money, and if the BMA itself has received *other benefits or funding* from the wind industry?

The fact that no-one in the BMA seem willing to respond to the specific questions posed gives rise to alarm and concern, and the perception that this refusal to answer such a simple question is occurring because the wind industry have indeed funded the BMA and British doctors. This issue goes to the heart of the integrity and independence from industry of the British Medical Association, and British medical practitioners. The refusal to answer these questions will therefore be made public.

I am now waiting for a response to the question asked on receipt of the further refusal i.e. 'This response does not confirm that the letter was passed to and has been seen by you, as BMA President. Please can you confirm whether you have seen my previous letter?' As before noted, ***no government has the right to impose upon the citizens it is elected to serve, a policy which is detrimental to their health, environmental or economic welfare.*** Neither do organisations allied to it have the right to refuse responsibility for dissemination of information to the country's medical fraternity. An unknown author wrote 'All true progress depends on our ability to *stop dead* when we find we are mistaken.' It seems that far from adopting either that ethic or the precautionary principle, governments and authorities are often showing a blind adherence to something approaching 'dogma.' It isn't up to us to prove a negative – those governing us, and medical authorities, must prove claims that there is no avoidable risk to the lives or health of their citizens, or their environment.' In other words, it is incumbent on those imposing this technology to prove

its safety and that harm is not occurring. All the evidence points towards serious harm to human health, from wind turbine noise and specifically impulsive infrasound and low frequency noise, which has been known since the NASA & Kelley research in the 1980's to have the potential to cause serious harm to human health and sleep disturbance.

The BMA responses from your public relations officers that we for example "talk to the politicians" do not make sense and are not understood. Politicians do not see patients - *DOCTORS* do. So if doctors really are ignorant about the problems and about the research done 30 years ago by the US (Dr Neil Kelley) proving that infrasound and low frequency noise ***directly caused*** the symptoms identical to those residents today are reporting, and remain ignorant of the severity of the symptoms and the chronic sleep disturbance, they won't be able to look after their patients.

It is well known that doctors have a legal, ethical and moral responsibility to "first do no harm", and to look after their patients. Ignoring the existing evidence of serious harm. and failing to educate themselves about what is known is doing immense harm. ***That is why the BMA role in this is undeniably so important.***

Myself, colleagues and all others concerned would once again call upon the BMA to:-

1. Disclose if the wind industry or trade organisations have ever provided money either directly or indirectly (via hospitality and/or paid for events) to the BMA or to doctors practices for refurbishment or medical equipment.
2. Support the need for multidisciplinary research AND full spectrum wind turbine noise monitoring including infrasound and low frequency noise, inside and outside homes.
3. Support turning the turbines off at least at night, so that rural residents can get a good night's sleep, where wind turbine neighbours are reporting sleep disturbance and it is adversely affecting their health. The dangers of sleep deprivation alone are serious for long term health, because of the known direct association with heart disease, accidents, impaired immunity, decreased brain function and ability to learn and many other functions consistent with good mental and physical health.

I am sorry to have to be more blunt than normal. That this has become necessary is very regrettable, but the rejection and weak reasoning received from your PR officials and CEO is insufficient, given the gravity of the subject. So finally, I should much appreciate a personal response from you, as the BMA President, to the letters sent, in addition to your organisation's careful consideration of the serious issues which have been raised.

Yours sincerely,

Mrs. V.C.K. Metcalfe.