https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3653647/

Jeffery, R. D., Krogh, C., & Horner, B. (2013). Adverse health effects of industrial wind turbines. *Canadian Family Physician*, *59*(5), 473–475.

For this assignment, we were directed to summarize the “most biased piece of science that you can find in the published literature.” While not relevant to psychometrics, the article I chose is timely and absolutely an example of a highly biased scientific article.

The authors of Adverse Health Effects of Industrial Wind Turbines: Dr Jeffery, Ms Krogh, and Mr Horner, are on the Board of Directors for the Society for Wind Vigilance. This organization projects an image of scientific reputability which would be convincing to laypeople. However, it is an advocacy group with the express goal of discrediting wind power. While in my research I was unable to identify their source of funding, I would hypothesize that they receive financial support from groups who have interest in other energy sources, likely fossil fuels.

It begins with a warning to Canadian health professionals: “expect to see increasing numbers of rural patients reporting adverse effects from exposure to industrial wind turbines (IWTs).” IWT does sound like a threatening acronym, doesn’t it? The symptoms are immediately listed: “decreased quality of life, annoyance, stress, sleep disturbance, headache, anxiety, depression, and cognitive dysfunction… anger, grief, or a sense of injustice,” cause by “noise, infrasound, dirty electricity, ground current, and shadow flicker.”

While some surveys are cited, they are largely compilations of complaints rather than adequately sampled datasets. For example, data cited includes results of the WindVOiCe health survey, which is a self-report survey designed to allow people to report related health concerns. While this would seem admirable, it does not use a representative sample of the population. A better survey would collect data from people who live near wind turbines overall so that we could have a clear picture of the problem as it truly exists.

The authors demonstrate explicit disdain for the scientific process when they state that “Focusing on “direct” causal links limits the discussion to a small slice of the potential health effects of IWTs.” This article is an extremely selective review of literature supporting the authors’ intent; an opinion article masquerading as a scientific publication.