

Transcript of the Information Session: WIND TURBINE
INVESTIGATION, that took place on Tuesday, December 6,
2016, at 7:00 p.m., at the Huron County Health Unit

SPEAKERS: Dr. Erica Clark
Dr. Maarten Bokhout

1 --- Upon commencing the audio recording

2 DR. BOKHOUT: Apparently 60 people have
3 registered for this meeting, and I think I counted about
4 55, so I think we've got a fair representation. And I
5 thought that, instead of trying to reschedule the meeting
6 at this time, with the winter weather coming onboard, I
7 thought it would be best just to go ahead.

8 My name's Maarten Bokhout. I'm the acting
9 MOH for Huron County, and this is Dr. Erica Clark. Erica
10 is a fully qualified epidemiologist. I know something
11 about epidemiology, because that's part of my training as a
12 medical officer of health, but she is the expert. And --

13 AUDIENCE MEMBER 1: So what does that mean?

14 DR. BOKHOUT: An epidemiologist is a person
15 who studies human diseases in humans using scientific
16 methods. In medicine, in a whole healthcare field, in the
17 study of human diseases, what we've developed over the past
18 150 years is a method for figuring out whether treatments
19 work or not, and what we do is, when we do things like
20 assess surgical procedures, test new medications, what we
21 do is we try to figure out if this method, surgical method,
22 actually makes things better or whether the drug actually
23 works. And the methods we use are, in many cases,
24 epidemiological.

25 So when you hear about, say, the influenza
26 vaccine, the kind of vaccine that's prepared is based on
27 study of disease, in influenza's case, have some
28 authorities, and then the information is then disseminated,

1 and that determines what kind of formulation the influenza
2 vaccine is brought forth. Now, if you don't like influenza
3 vaccine, that's neither here nor there, but that's how it's
4 done. It's done through this kind of a system.

5 And I can certainly tell you that there are
6 many drugs which are being tested. One of the big issues
7 that we're very interested in is to try to figure out how
8 to deal with Alzheimer's disease, and we test drugs, and
9 just recently I read that another one of the drugs that
10 thought to have had potential didn't pan out because of the
11 study and the testing with people with the drug versus
12 looking at people that would have the same disease but
13 didn't get the drug. They didn't find enough difference.
14 Those are epidemiological methods to figure out how it's
15 done.

16 So after much discussion, we are at the
17 point now where we can look at doing a reasonably tight
18 study to see what the effects of wind turbines are on human
19 health.

20 Now, my role as medical officer of health
21 means that I have some say about what goes on with the
22 public health in Huron County, but nowhere else. My
23 jurisdiction is limited to Huron County. So that means
24 that the effects of wind turbines are going to be -- the
25 wind turbines in Huron County are going to be the subject
26 of study. And the people, of course, that are living near
27 those wind turbines are people that are probably going to
28 be most affected by it. I live about 15 kilometres away

1 from the nearest wind turbine, and I cannot say in good
2 faith that my health has been affected by the wind turbine,
3 but that's simply because it's far away. We think that
4 there may be a problem with people living closer to those
5 turbines. So that's what we're going to try to find out.

6 What we know so far about industrial wind
7 turbines is that some people are affected by them; they
8 don't like them. There certainly are complaints that are
9 coming through health unit from people who live near wind
10 turbines, and they cite various problems with their health.
11 They think it's because of wind turbines. So what we're
12 going to do is organize a study to try to figure out under
13 what circumstances people's health or people are of the
14 belief that people's health may be affected, and Erica has
15 spent quite a lot of time working out the details, and
16 she's going to give you the details of this study.

17 We will do probably all of the initial
18 analysis within this health unit. After all, Erica is a
19 fully qualified Ph.D., and with the use of computers that
20 we have, we can do just about anything that can be done at
21 the university level.

22 If it turns out that there are some
23 significant findings, it will then give us an opportunity
24 to take it back to -- in my case, I'd have to report back
25 to the Board of Health -- that was part of the deal --
26 explain what we found, and then if the findings are of
27 significant interest, I can certainly speak to that at the
28 time once we find out. Then there will probably be great

1 opportunity to have a more exacting and more quantitative
2 study done to try to precisely identify what's going on.

3 So that's what's happening, in a nutshell.

4 I'm going to turn over this meeting to Erica who's going to
5 explain what is happening, how it's going to be done. Then
6 we hope to give you guys lots of time to ask questions, and
7 we'll answer them to the best of our ability.

8 So, Erica, go ahead.

9 DR. CLARK: Okay. So, as Dr. Bokhout said,
10 we are looking at doing an investigation in Huron County.
11 The stage that we're at right now is developing the data
12 collection tools. Once those data collection tools are
13 finalized, we will be getting approval from a Research and
14 Ethics Board, and once we have that, we'll be ready to
15 start the investigation, so we're anticipating starting in
16 early 2017. The exact date will depend on when the tools
17 get finalized, when they get approved by Ethics.

18 What we are currently proposing for the
19 investigation is that we would be looking at all dwellings
20 within a 10-kilometre radius of the turbines, and those
21 dwellings also have to be within Huron County, because
22 that's our jurisdiction. So the 10-kilometre radius was
23 something that was decided upon in consultation with some
24 of the people that are actually in the room tonight,
25 because we asked the local citizens group what they felt
26 would be a good distance to look at in terms of capturing
27 everybody that might be experiencing some difficulty. So
28 that's how we determined that we wanted to go out 10

1 kilometres.

2 We will be inviting every household in that
3 10-kilometre radius to participate. So there will be an
4 invitation given to each household to participate. We are
5 not limiting the participation by age. So if it is
6 somebody that is too young to complete the data collection
7 tools themselves, a proxy may do it for them. So if we
8 have a young child who is, say, for example, six years old,
9 a parent or other legal guardian could complete the surveys
10 on their behalf, because that was something certainly that
11 we heard from the people that have been consulting with us,
12 that they really felt it was important that information on
13 young children also be included in the investigation. So
14 that is our plan in terms of the participation of children
15 is that a proxy who has the legal authority to consent on
16 their behalf provides the information.

17 So I said we are on Draft 3 of our data
18 collection tools, and what we're looking at is really
19 narrowing the scope of the questions that we ask. So we're
20 currently proposing that, when individuals register for the
21 study, that we would ask them the following questions: We
22 would need to know their first and last name. We would
23 need to know age. We would need to know gender. We would
24 need to know some contact information so that we can get
25 ahold of you if there's something that we need to clarify
26 in terms of the answers that we get. So the contact
27 information, e-mail address, phone number, that would
28 simply be so that we can contact you if there is something

1 that I need to clarify with your survey response.

2 So date of birth in order to get age;
3 gender; have you ever experienced motion sickness? Because
4 that is something that has been cited in the literature as
5 being individuals with history of motion sickness may be at
6 greater risk; and then also asking if somebody is a
7 leaseholder for a wind turbine or if they receive money
8 from a wind turbine question. That is all we will be
9 asking at the point of registering for the investigation.
10 You will be answering those questions once.

11 After that point, you'll be given an ID
12 number, and the ID number is what you will use when you
13 participate in either the absence report or the complaint
14 tracking.

15 So just go down to the complaint tracking
16 questions. Okay. So we've made the length of the survey
17 much shorter than what was in Round 1 and Round 2, because
18 the feedback we got was it was far too long and that some
19 of the questions were downright offensive. So a lot of
20 that has been eliminated. So now we're down to having just
21 a few questions.

22 So if you are experiencing either some sort
23 of symptom that is problematic, you're hearing something,
24 you may feel something, that you are to submit a complaint
25 form. You would enter your identification number and then
26 answer the question about what are the complaints, what you
27 are experiencing now or something that happened while you
28 were trying to sleep.

1 If the complaint is about what is happening
2 right now, then you would enter the date and time of your
3 complaint, and then there are three optional questions
4 asking, "What do you hear? What do you see? And what do
5 you feel?" So the "What do you hear?" would be where you
6 would describe if you're hearing noises that are not what
7 you would expect in a rural area. So if it's a typical
8 noise that is supposed to be in a rural area, then you
9 don't need to report that, but if it's something like the
10 tonal screeching, the whomping, that sort of thing, that
11 would be what you could write there if you choose to do so,
12 but it's an optional question. You don't have to answer
13 that information to complete this.

14 "What you see?" That would be things like
15 the shadow flicker, the flashing red lights.

16 "What do you feel?" This would be your
17 symptoms. If you feel a vibration feeling, if you feel
18 nauseated, if you have a migraine, if you have a headache,
19 vertigo, that sort of thing. These are optional questions.
20 So you do not have to answer them if you do not want to.

21 If the complaint is about when you were
22 sleeping, what we want to know is what is the date and time
23 you went to bed, the date and time you got out of bed, and
24 how much was your sleep disturbed in anyway. Then the
25 optional questions, if you want to provide additional
26 details about your sleep disturbance.

27 And then the additional survey piece is if
28 you're away from your home for a period of time, we want to

1 know that so that we know that the lack of complaint is
2 because you're away from the home, not because you weren't
3 experiencing any difficulties.

4 So the idea is that we want to keep this to
5 a very small amount of information that you need to
6 complete in order for us to find out: Is there a
7 complaint? Is there not a complaint?

8 What we will then be doing with that
9 information is, if I take a one-hour period of time, what
10 I'm going to be looking at is were there complaints. So
11 the "yes" complaints would be in one group; the "no"
12 complaints would be in another group, and then I would be
13 looking to see: Are there variables that are different
14 between the two groups?

15 So I would be looking at: Can I predict who
16 has a complaint? Does it have to do with the wind speed?
17 Does it have to do with where their house is located in
18 relation to a turbine? Does it have to do with the
19 efficiency that that turbine is operating at? Is cloud
20 cover a factor?

21 So what I'm hoping to do is to be able to
22 identify under what conditions do we get the most
23 complaints. So I'm not going to be looking at all of that
24 other quality of life data that was in the original draft
25 of the survey. It'll just strictly be: Is here a
26 complaint? Is there not a complaint? And what variables
27 are occurring when there are a lot of complaints?

28 And I want to be looking at that seasonally.

1 So one of the things would be for the winter season. For
2 example, are there particular wind direction, speeds,
3 operating efficiencies, cloud covers, et cetera, that are
4 predicting when there are complaints? Are those conditions
5 the same in the spring, or is it a different set of
6 variables that predict that? What about in the summer when
7 we've got the high humidity? Is humidity a factor?

8 So what we're hoping to see is whether or
9 not there are patterns, because if there are patterns, then
10 that can help us to understand: Why does one household
11 experience difficulties but another one does not? Okay?

12 Because certainly what we hear from the
13 community is that there are some households that are really
14 struggling and others that aren't. So what we would like
15 to be able to do with this investigation is try to figure
16 out why is that. Why do we have some households that are
17 reporting a lot of difficulties, and then down the road we
18 have another household that isn't? Okay?

19 We are looking at things. We've been
20 looking the compass rose information for the turbines that
21 maps out where the optimal wind direction is to see if we
22 can put together variables where we're looking at, you
23 know, where a house is lying in relation to that optimal
24 range and include that as a variable. So we are looking at
25 different things that we can use.

26 All the weather data, cloud cover data,
27 we're looking at taking that from Environment Canada, from
28 the airport, because they do document cloud cover using

1 their octave scale. And then the wind operating
2 efficiency, that information is available online. The IESO
3 website has that information.

4 So what we are planning at this point is
5 that there would be interim analysis. So once we get
6 started and get collecting some data, that, at the end of
7 each season, there would be analysis done and that it would
8 be made public and that how that information is analyzed
9 would also be made public.

10 So we're going to the level that, in my
11 statistical program, all of the code that I use to do the
12 analysis that's going to go on our website. So there will
13 be, "This is what we found. This is how we did it," and
14 open it up for criticism in the hopes that, when we are
15 looking at the summary report, the interim analysis, that
16 any criticisms that we get on that, we can use that to
17 inform what we do in the next round. Okay? Plus we want
18 you to be able to see results in a timely manner instead of
19 waiting two years. So the intent is that, at the end of
20 each season, we will analyze and produce results.

21 The investigation is, of course, voluntary.
22 We are going to be giving an invitation to every household
23 that is eligible, and to be eligible, you just have to be
24 in Huron County and within 10 kilometres of the turbine.
25 Okay? But it is voluntary, and so each individual will
26 have the opportunity to decide do they want to participate
27 or do they not want to participate. There will be an
28 information sheet that outlines what's involved in

1 participating, and there will be a consent form.

2 I know that there has been talk about
3 concerns around the confidentiality of the data,
4 particularly due to what's happened in Québec with some
5 proceedings there around some research that was done.

6 We are not taking ownership of your data.
7 So when this investigation is done, it's being done under
8 Dr. Bokhout's authority, and we are acting as a custodian
9 of the information. That means that, when we take the
10 information from you to do the analysis, we have to tell
11 you exactly what we're going to do with that information,
12 and we cannot do anything else. So if we tell you that
13 we're going analyze it and report aggregate results -- that
14 means group results -- that's all we can do. So we cannot
15 take your data and give it to anybody else. Okay?

16 And it also means that at any time you can
17 call us and say, "I want my data destroyed," and we destroy
18 it that day. It also means that you can call up and say,
19 "I want a summary of my data. I want a summary of all my
20 answers," and we'll give you that summary. Okay?

21 So that's what it means when we say that we
22 will be a custodian of the data, but we are not going to
23 own it. So we must store it and store it in an appropriate
24 manner, but we cannot do anything to your data that we do
25 not have permission to do, and you are the only person that
26 can give us permission to do something with your data.
27 Okay?

28 So this is the point the point where I open

1 it up for questions, and Dr. Bokhout and myself will try to
2 answer them. Yes?

3 AUDIENCE MEMBER 2: If we had to move from
4 our house --

5 DR. CLARK: Okay.

6 AUDIENCE MEMBER 2: -- but we still own it.

7 DR. CLARK: Okay.

8 AUDIENCE MEMBER 2: I limit my visitation to
9 the home. We have it rented, and he seems to be fairly
10 okay.

11 DR. CLARK: Mm-hmm.

12 AUDIENCE MEMBER 2: So not everyone is
13 affected, and I'm aware of that. Now, we are within 10
14 kilometres. Is that correct?

15 AUDIENCE MEMBER 3: Five or ten kilometres.

16 AUDIENCE MEMBER 2: No, no, no. Where we're
17 living now.

18 AUDIENCE MEMBER 3: Yes.

19 AUDIENCE MEMBER 2: When we're still within
20 10 kilometres, so I can still go on that?

21 DR. CLARK: Yes. If you live within 10
22 kilometres, then you can participate.

23 AUDIENCE MEMBER 2: Now, can I give two
24 opinions?

25 DR. CLARK: Yes.

26 AUDIENCE MEMBER 2: One where I'm living and
27 one when I go and visit my home?

28 DR. CLARK: Yes. I will give you two --

1 AUDIENCE MEMBER 2: Because when I go there,
2 I am lucky; I can stay 20 minutes.

3 DR. CLARK: I will give you two
4 identification numbers so I can keep separate the two
5 dwellings and so that I don't mix up the two dwellings. So
6 you will be able to report for when you visit the home that
7 you have vacated, and you will be able to report on the
8 home that you are currently living in.

9 AUDIENCE MEMBER 2: Thank you very much.

10 DR. CLARK: You're welcome. Yes?

11 AUDIENCE MEMBER 4: I heard you say you
12 changed the form because it was downright offensive. I'm
13 hoping you change it again.

14 DR. CLARK: Okay.

15 AUDIENCE MEMBER 4: Because we live in Perth
16 County, within a kilometre of the turbine, and you're
17 telling us we cannot participate in the study. That's
18 offensive.

19 DR. BOKHOUT: How close are you to Huron
20 County?

21 AUDIENCE MEMBER 4: About right across the
22 road.

23 DR. BOKHOUT: Oh, well. Okay. I think we
24 can do a little wiggle room as long as you don't tell the
25 MOH.

26 AUDIENCE MEMBER 4: So, I mean, like, why
27 not every household within 10 kilometres?

28 DR. BOKHOUT: It's because --

1 AUDIENCE MEMBER 4: It's a problem that's
2 being caused in Huron County. It's still a problem.

3 DR. BOKHOUT: The problem is my
4 jurisdiction. I only have say in Huron County. But, I
5 mean, I think, if you're across the road --

6 AUDIENCE MEMBER 4: If the cause of the
7 problem is in Huron County, is it not affecting all the
8 people that are being affected by it?

9 DR. BOKHOUT: You know what? I could raise
10 that with the board and see what they say and see how they
11 feel about that.

12 AUDIENCE MEMBER 4: Just where we are --

13 DR. BOKHOUT: Yeah.

14 AUDIENCE MEMBER 4: -- because we're right
15 at the corner of Huron County.

16 DR. BOKHOUT: Yeah.

17 AUDIENCE MEMBER 4: And half the household
18 will be outside of the town.

19 DR. BOKHOUT: Yeah, yeah. I realize that's
20 a problem, but that's the reality that I'm facing too, but
21 I can talk to the Board of Health in the meeting on
22 Thursday. I can raise that and see if they have any
23 problems with that.

24 There are a couple of steps I have to do,
25 but yeah. But I think, you know, I can say that if you're
26 literally across the board from the border, I think
27 that's --

28 AUDIENCE MEMBER 4: But it's quite a thing

1 to say to somebody, "Well, you have health problems, but
2 you live in the wrong county, so we're not going to address
3 your problems at all."

4 DR. BOKHOUT: No, no. Let's look at it
5 slightly differently. We're looking at groups of peoples,
6 not individuals; right? In this study, I can't look at an
7 individual. I can look at groups. And if your concern is
8 -- I'm not sure what your name is, but let's call you Mr.
9 A. If you have a unique concern, it's hard to correlate
10 that with anything, but if other people who are also in
11 Huron County have similar concerns to you, that will show
12 up in any case.

13 So we need information on groups of people
14 to find out where there is a problem group. And if you
15 have an individual who, let's say, has -- to use an
16 example, if you're close to a wind turbine and, let's say,
17 you get a rash, but you're the only person that complains
18 of a rash and you think it's because of your proximity to
19 wind turbines, it makes it less likely but not impossible,
20 but it makes it less likely that it's related to wind
21 turbine. But if your rash shows up with a variety of
22 people who live close to wind turbines, that makes it much
23 more significant from our point of view.

24 AUDIENCE MEMBER 4: So it's true that county
25 line is a disincluded.

26 DR. BOKHOUT: I understand your problem, and
27 all I can say is I can take it forward and see if we can do
28 something about that.

1 DR. CLARK: Yes. Yep. Go ahead.

2 AUDIENCE MEMBER 5: Can we assume,
3 Dr. Bokhout, that you will be the acting medical officer
4 here for Huron County throughout this whole --

5 DR. BOKHOUT: I can guarantee that, unless
6 the government tells me to go take a hike, that I will be
7 in this position until the end of October of next year.
8 That, I can guarantee. So you should be able to get at
9 least three seasons before I'm gone, at least. Now, I
10 mean, I was originally going to stay here in this capacity
11 until we got the study going. That was my original plan.
12 But the government actually asked me to stay a bit longer,
13 so I said, "Okay. I'll give you another year."

14 And, you know, if we're getting some
15 interesting stuff up here and if it makes a difference for
16 me to hang out for another month or two after that in order
17 to make this work, then I'm not going to say no. But I
18 think probably, if we can get this sucker going in
19 beginning of 2017, we should have some idea after three
20 seasons of what's going on; right? And so I'm hoping that
21 we'll be so far underway and we'll have enough data that,
22 you know, whether I hang out for another two months or not
23 won't make a lot of difference. But I certainly agree that
24 it's important for me to hang around for long enough to
25 make sure that we get some data and get some data analyzed,
26 so that's for sure.

27 AUDIENCE MEMBER 5: I have a lot of
28 questions, but if you want to take turns.

1 DR. BOKHOUT: Marvellous.

2 DR. CLARK: Is there anyone else? Okay.
3 I'll do you, and then I'll come back and do another one.

4 AUDIENCE MEMBER 6: So to either of you --

5 DR. CLARK: Yes.

6 AUDIENCE MEMBER 6: -- our involvement in
7 the investigation is we sign on, get a PIN number, and
8 recognized. Are we giving consent, then, to continue with
9 wind turbine experimentation further?

10 DR. BOKHOUT: No. I don't think so.

11 DR. CLARK: No. We do not control what the
12 turbines are doing. So what we're doing is taking
13 advantage of what's currently happening and trying to find
14 out under what circumstances people are experiencing
15 difficulty. So by agreeing to be in the investigation, you
16 are not in any way making a statement that you accept the
17 turbines.

18 Further to that, your participation in the
19 study is confidential. I will not be releasing the names
20 of whoever participates. That is not something that will
21 be happening. So unless you tell somebody that you are
22 participating in the investigation, it will not be public.
23 So if you sign up for the study, I will know; Dr. Bokhout
24 will know. That's it. I won't be making a list of who's
25 in the study and making it public. That would be a
26 violation of the agreements that we have with the consent
27 form, because on the consent form, it will state that the
28 names are confidential and that no names will be released

1 and that we will not be sharing the data without express
2 written consent. So, no, participation in the study does
3 not mean you accept the turbines.

4 AUDIENCE MEMBER 7: So the reason Eric asked
5 the question is a few years ago a Health Canada study was
6 done where there was found to be a correlation but not
7 direct, and, therefore, there wasn't enough information or
8 evidence obtained from that that they can move any further.
9 So it dismissed everybody even if they had concerns or
10 health issues. So I think the concern has been raised to
11 me, and I'm bringing it is that we don't further want to be
12 getting picked for another study that will lead us down a
13 road where there wasn't enough of a base of evidence of
14 it's random and depending on how many people are involved
15 in the study. So I guess that's my concern is: Are we
16 continuing to be guinea pigs with no outcome?

17 DR. CLARK: That is always a risk when you
18 participate, and that will be one of the things that is
19 stated on the consent form is that one of the risks of
20 participating is that you may invest a lot of time and a
21 lot of effort into filling out the complaint form, and we
22 may not find anything significant. That is always a risk,
23 and I'm not going to lie; it is a risk here. We may do the
24 analysis, and we might not find anything significant. That
25 is a possibility, and that will be on the consent form.

26 So you have to decide: Are you going to
27 participate knowing the outcome might work out for you and
28 the outcome might not? I can't promise you that we will

1 find something significant. We are certainly going to
2 collect the information, do the analysis, make the results
3 public, and if we do find something significant, we will
4 move forward and take the recommendations to the MOECC and
5 the Ministry of Health. But I cannot promise you what the
6 results of the study will be.

7 AUDIENCE MEMBER 7: Is there any other
8 county health units going to start the same thing as what
9 you're going to do here tonight?

10 DR. CLARK: We are currently the only health
11 unit that is doing an investigation. However, the other
12 health units are watching what we are doing.

13 AUDIENCE MEMBER 7: How are we sure that
14 this is going to be carried through? Because back six or
15 eight months ago, the other medical officer of health, that
16 lady, it was going to be set up, and they were going to
17 start then, and then she was dismissed of her duties.
18 How's this going to be any different than that back then?
19 It just gets going on.

20 DR. BOKHOUT: I understand.

21 AUDIENCE MEMBER 7: And the county health
22 board sees this going on.

23 DR. BOKHOUT: We have received permission to
24 do this part of the study. That's what we're doing. And I
25 would suggest that, if Board of Health reneges on that
26 promise at this point, you have every right to get
27 extremely upset as a member of the public, because we are
28 not doing anything that they haven't given us permission to

1 do. What I cannot say at this point is whether we will
2 have permission to go on to another part should we find
3 something of significance. I can't say that at this point.

4 But what we are able to do is to find out
5 what's going on and present our results, and I would
6 suggest that, if something shows up that is significant,
7 that you'd have to have a pretty good reason not to carry
8 on and not investigate that further. You know?

9 We do that all the time in medical work.
10 You know. If a surgeon, say, comes up with a procedure
11 that seems to make a big difference, that surgeon will
12 publish that information, and other people will say, "Well,
13 let's try it and see what happens."

14 I've been a medical doctor for quite a long
15 time, and I certainly have noticed changed over the years
16 in the way things are being done. New drugs are coming
17 out. New procedures are being introduced. And it's based
18 on somebody somewhere or a group of people finding
19 something out and saying, "Hey, this looks promising.
20 Let's check it out."

21 And I see the same kind of process with what
22 we're doing here. We're looking at something. We're
23 trying to figure out what is going on. If we find
24 something, we will inform people, and when people are
25 informed and say, "You know, this is a problem, or these
26 things need to be looked into further, and this is the
27 basis on which we come up with these conclusions," they'd
28 be hard pressed to not take an interest.

1 I think also, though, it's really important
2 for you, all of you, to be vigilant, to look at what we're
3 doing, to make sure you keep us informed about what's going
4 on, to critique us, to ask for information, and that way we
5 can all be on the same page, because we're very invested in
6 not trying to -- we're not trying to come up with stuff
7 that isn't true. We're also not interested in trying to
8 snow anybody. We're trying to come up with some
9 information that's reasonable.

10 DR. CLARK: Okay. So I said I'd go back to
11 you, and then I'll do a question from someone else.

12 AUDIENCE MEMBER 8: Okay. Just for clarity,
13 then, this survey is not a standalone kind of situation
14 where we can expect a protective outcome at the end of a
15 year. This would qualify furthering with Wind Concerns
16 Ontario, Jane Wilson's proposed project with the University
17 of Waterloo, which would be another quite a significant
18 period of time before we could hope for any protective
19 outcomes, specifically with people who are currently being
20 harmed and know darn well what's happening.

21 DR. CLARK: So you're asking as to whether
22 or not we can issue an order at the end of the
23 investigation?

24 AUDIENCE MEMBER 8: Yes.

25 DR. CLARK: No, we cannot.

26 AUDIENCE MEMBER 8: So this is a
27 prerequisite to going forward?

28 DR. CLARK: Any order written by a medical

1 officer of health can be challenged in court. A single
2 investigation will not provide enough evidence for it to
3 hold up in court. We know that. So if your sole reason
4 for participating in the investigation is because you're
5 hoping that Dr. Bokhout will shut down all of the turbines
6 at the end of the year, you are going to be disappointed
7 and very, very angry, because we cannot tell you that.

8 AUDIENCE MEMBER 8: Even if you get
9 significant evidence?

10 DR. BOKHOUT: If we get significant evidence
11 -- let's say we come up with something and it's a slam
12 dunk. Let's just use that as an extreme example. What I
13 can do as a medical officer of health is recommend if I
14 think that there is absolutely no question that a bunch of
15 wind turbines -- let's say just say, you know, somewhere in
16 Huron County -- are causing everybody who's within 5
17 kilometres of the wind turbine to get serious depression,
18 let's say, just as example, and I can demonstrate that it
19 started when the wind turbines came up and people have been
20 on medication ever since; they've got increased visits to
21 the doctor. Then I've probably got enough grounds to say,
22 "This is a public health hazard," but that's a very extreme
23 example. Anything less than that, I probably couldn't.

24 One of the things that I did in my previous
25 stint as a medical officer of health was I was able to
26 demonstrate that, when rain falls in this county, the water
27 courses are flooded with E. coli bacteria which go to the
28 lake, and the coliform bacteria are sometimes -- they can

1 cause, you know diarrheal illness in people who swallow
2 water. So there's signs up, and they came up as the result
3 of that investigation. There are signs up on the beaches
4 now that says, "When there's been a rainfall, don't drink
5 the water." So that's something that I was able to do
6 along with a bunch of my colleagues about 20 years ago, and
7 now signs are up all over the place with public beaches.
8 That's because we were able to identify potential health
9 hazards, so that's what I was able to do.

10 DR. CLARK: Okay. Yes.

11 AUDIENCE MEMBER 9: This sort of follows up.
12 One of the words that's being used quite often is
13 "significant." I'm wondering about the definition of
14 "significant," because some people -- I know in the drug
15 field if you have a half-dozen or a dozen people that have
16 a reaction to a drug, they have to do something about it.
17 Then we turn around and say, "Well, if 5 percent have a
18 problem, it's not too bad; 10 percent, not too bad; 20
19 percent, it's borderline."

20 What does "significance" mean in this
21 context?

22 DR. BOKHOUT: Scientific significance versus
23 significance.

24 DR. CLARK: So what I'm looking for in this
25 investigation is whether I can find conditions that are
26 statistically significant predictors of complaints. So
27 that means that it is better than chance that people would
28 be having difficulties with the wind turbines under those

1 conditions. If we have those kinds of results, we can take
2 those to the MOECC, which is the regulator for the
3 turbines, and see if they're willing or able to make some
4 regulatory changes in regards to the operation of the
5 turbines. That is what I would see as best case scenario.

6 AUDIENCE MEMBER 9: And if they don't want
7 to do anything about it, then it's recommendations to the
8 health board or something?

9 DR. BOKHOUT: Yes. And I think, also, if we
10 can provide, you know, the public with some decent
11 information, then you've got a bunch of regulatory agencies
12 that don't want to do anything about it even though they've
13 got the stuff staring them in the face, that gives you a
14 pretty powerful argument to say, "Do something."

15 AUDIENCE MEMBER 9: Right.

16 DR. BOKHOUT: You know? We're going to do
17 our best to provide you with information that you can also
18 use yourselves; right? I mean everybody, I think, has a
19 certain vested interest in doing something a certain way,
20 but if you can get some backup for your ideas, you know,
21 through some studies or some scientific evidence or
22 something that other people have tried and it's worked for
23 them, it strengthens your argument; right?

24 AUDIENCE MEMBER 9: Right. Well, I guess
25 the other thing I was going to say follows up on that. So
26 you have 300 people in here with cognitive issues out of, I
27 understand, about 50,000 people. I'm not sure how many is
28 in here in county.

1 DR. CLARK: Well, the denominator is
2 actually not the population of Huron County.

3 AUDIENCE MEMBER 9: Okay.

4 DR. CLARK: The denominator is the
5 households and the people in them that are within that
6 10-kilometre radius.

7 AUDIENCE MEMBER 9: Okay.

8 DR. CLARK: So that's what we're looking at.

9 AUDIENCE MEMBER 9: Okay.

10 DR. CLARK: Okay. So over there and then
11 back to here, so at the very back.

12 AUDIENCE MEMBER 10: Yes. Did I hear
13 correctly? One of the questions you wanted to ask is: Are
14 you a leaseholder, or do you have wind farm interest?

15 DR. CLARK: Yes. So one of the questions --

16 AUDIENCE MEMBER 10: So I could -- can I
17 continue?

18 DR. CLARK: Yep. Go ahead.

19 AUDIENCE MEMBER 10: If all those people who
20 are fill out those forms and overwhelm that and the ones
21 who are scared to talk, because they want to still talk to
22 their neighbour or their relative, because it's divided,
23 the roads, so badly people won't even go to church now. So
24 I'm just wondering: You'll take that into consideration if
25 they are a wind holder or a leaseholder?

26 DR. CLARK: So, yes, I'm looking at whether
27 or not somebody is a leaseholder or whether they received
28 money from the wind turbine company. In terms of

1 overwhelming, the default is no complaint in the analysis.
2 That's the default. And then if you're experiencing a
3 problem, you make a complaint. So if somebody is a
4 leaseholder and they don't experience any difficulties,
5 they don't actually need to do anything, because they're
6 just not submitting complaints. Okay? So they wouldn't be
7 able to overwhelm the process.

8 If we have people participating in the
9 investigation, the only way your neighbour will know you
10 are participating in the investigation is if you tell them.
11 We will not be publishing the names of who participates.
12 You'll be filling out a survey. You'll be doing it online,
13 or if Internet connectivity is a problem where you live,
14 we'll give you a pen and paper option that you can submit
15 to us. But you can participate in the investigation and
16 not tell anybody. You could tell everybody, "I didn't do
17 it. I didn't participate. I didn't want to participate."
18 The only way somebody finds out you're in the investigation
19 is if you tell them. So someone can participate and keep
20 that information secret.

21 AUDIENCE MEMBER 10: Okay. I do know people
22 on our road who are ill and they were never ill before, and
23 they will not admit that it is to do with the wind, because
24 they are getting money.

25 DR. BOKHOUT: Right.

26 DR. CLARK: Well, ultimately, participation
27 is voluntary. We can't force somebody to be in the
28 investigation.

1 AUDIENCE MEMBER 10: But they don't know why
2 they're sick. Why all of a sudden can I not travel because
3 I have a heart condition? And I just came back from India
4 the month before those wind turbines happened, and I had no
5 trouble or nothing, and now I'm sicker than a dog.

6 DR. BOKHOUT: Other than to suggest that if
7 you know people like that, try to convince them or get them
8 to give me a call.

9 AUDIENCE MEMBER 10: Well, they -- yes.

10 DR. BOKHOUT: You know? Which I'd be happy
11 to speak to them. You can't force people to do that.

12 AUDIENCE MEMBER 10: No. And I wouldn't
13 want to.

14 DR. BOKHOUT: No.

15 AUDIENCE MEMBER 10: And I would not tell
16 you their names --

17 DR. BOKHOUT: That's fine.

18 AUDIENCE MEMBER 10: -- because that is
19 their privilege.

20 DR. BOKHOUT: Yeah. Yeah.

21 AUDIENCE MEMBER 10: And it's not my
22 jurisdiction to --

23 DR. BOKHOUT: No, I agree.

24 AUDIENCE MEMBER 10: -- give someone else's
25 name because I think they're a fool because they're not
26 admitting it.

27 DR. BOKHOUT: One of the things -- and it's
28 been inferred, but I think it's important to state -- if we

1 don't get data, we can't do a study.

2 AUDIENCE MEMBER 10: Well, I would try. I
3 think we need more -- to make government --

4 AUDIENCE MEMBER 11: To add, sorry, you're
5 going to be sending out letters to each household within
6 that 10 kilometres?

7 DR. CLARK: Yes.

8 AUDIENCE MEMBER 11: So let's focus. If
9 they've really got a problem, if they get -- you're going
10 to be sending out an actual letter?

11 DR. CLARK: Yes.

12 AUDIENCE MEMBER 11: So they should get it
13 in their mailbox. Then it's going --

14 AUDIENCE MEMBER 10: But will it tell them
15 what are some of the symptoms?

16 AUDIENCE MEMBER 11: No.

17 DR. BOKHOUT: Probably not.

18 AUDIENCE MEMBER 10: Will it tell them that
19 they -- why do they tendonitis now? Why do they have a
20 heart condition? Why are they having palpitations? Why,
21 when they go away to their daughter's somewhere else, they
22 have nothing, and then they come home? They don't know the
23 reason because they don't want to admit. And our Wynn
24 government -- excuse me for being political -- is not
25 telling the people that everything is fine. It's all in
26 your heads. Well, I've got a pretty big head.

27 DR. BOKHOUT: Well, if we had taken that
28 position, which would've been the safe thing to do --

1 AUDIENCE MEMBER 10: Yes.

2 DR. BOKHOUT: We wouldn't be sitting here
3 and talking to you tonight.

4 AUDIENCE MEMBER 10: Right. Thank you very
5 much.

6 DR. CLARK: Okay. You and then back to you.
7 Okay.

8 AUDIENCE MEMBER 12: Okay. I'd like to know
9 what we can with all the data we've collected on ourselves
10 as guinea pigs right from the get-go when our projects have
11 been turned on? Some of us have huge collections of
12 personal data from health effects that we've been
13 experiencing since they flipped the switch the very first
14 day.

15 AUDIENCE MEMBER 13: That is data. That is
16 almost more powerful and credible than what you guys might
17 receive in the next while. What do we do with that stuff?
18 Can it not be part of this? Can it not be part of another
19 study? Because a lot of us have incredible self-data, and
20 that's what was recommended is to keep watch of yourself,
21 to report things. Is that all going to go to waste one day
22 when we have thick piles of stuff that has happened in our
23 households? So where can this fall into place? I'd like
24 to know that.

25 AUDIENCE MEMBER 12: Will it? Can it?

26 AUDIENCE MEMBER 13: Other than for our own
27 personal use?

28 DR. BOKHOUT: I think it's important to keep

1 track of it. I don't think there's -- you've gone through
2 all the trouble of making those, to recording that stuff,
3 so hang on to it.

4 AUDIENCE MEMBER 12: Of course.

5 DR. BOKHOUT: What may end up happening is
6 that -- and that happens from time to time; right? You've
7 been exposed to something. The official party line is it
8 ain't anything, but you hang on to those data; right? You
9 keep hanging on. And eventually it's been shown that, you
10 know, that maybe there was something, you know? And then
11 policy changes, and then all of a sudden the dam bursts,
12 and people say, "Yeah. We're going to recognize these
13 complaints from going back so many years." And here you've
14 got the documentation to show that you've got it.

15 We have examples of that kind of stuff
16 happening, you know. One of the things that -- you know,
17 I'm not sure I should be saying this, but what the heck,
18 you know? If you're in the military and you got a bad back
19 as a result of fooling around with tanks and armoured
20 vehicles and helicopters that jump around a lot and you get
21 a bad back or neck pain, it's extremely difficult to
22 convince the military that it's because of what you did by
23 being part of their personnel. It's an example. But I
24 think some of the other things that have been going on,
25 like I think you've heard about Agent Orange, you know,
26 being used in New Brunswick and stuff, and after years of
27 denial, the military has decided, well, maybe they should
28 compensate some of these people.

1 So I think it's very worthwhile to hang on
2 to data, and you'll get backing if we can show that some of
3 the things that you've been complaining about is not unique
4 to you, but it's been demonstrated by a variety of people
5 who live near wind turbines. You, then, have the document
6 to be able to show, "Well, look, I've had this for years,
7 and I was near wind turbines. It's all here." You know?
8 And then, down the road, you know, maybe there will be
9 something that will help you.

10 AUDIENCE MEMBER 14: Further to that
11 subject, this question is about why the Huron County health
12 unit has not published the list of symptoms that are well
13 known that are caused by the turbines? Go on the Waubra
14 Foundation website, and there are four pages of
15 intricately-detailed symptoms prepared by a doctor of
16 medicine who has a very good understanding of the
17 complications that come about. So why has there been no
18 education process in Huron County? People have had to do
19 that research themselves to find out why this is happening
20 to them.

21 DR. BOKHOUT: Well, as you've heard, there's
22 people here who deny that they have problems, but there's
23 also a difficulty with, basically, telling you, "This is
24 what you should look out for," because it depends -- say we
25 give everybody in this room, "Okay. These are the cardinal
26 symptoms of problems within wind turbines," right, that
27 immediately does something to the validity of your study.
28 We're trying to find out what the problems are. But if we

1 give you a prepared list of problems that have been found
2 in other areas maybe, maybe not, it contaminates the
3 results.

4 AUDIENCE MEMBER 14: But in the course of
5 time, say, for example, some of these people have been
6 reporting what has been happening to them, it is a source
7 of great comfort to know that this is -- not really great
8 comfort, but that this is caused by the turbines and that
9 do not, in fact, have some serious health issues that are
10 arising from some other cause and that, when they go away
11 from the turbines, these symptoms disappear. So if they
12 knew what these symptoms are, it would at least be
13 explaining to the individuals who are being impacted.

14 DR. BOKHOUT: Yeah. Yeah.

15 DR. CLARK: Are you asking for the health
16 unit to publish diagnostic guidelines?

17 AUDIENCE MEMBER 14: I guess that's what it
18 would be called. I don't know the terminology.

19 DR. CLARK: So I think what you're asking
20 for is: Why isn't the health unit saying, "This is what
21 wind turbine syndrome is, and this is what the doctor
22 should be looking for"? Is that what you're asking?

23 AUDIENCE MEMBER 14: Yeah. Like, if it was
24 flu symptoms, wouldn't you have that on your website what
25 people can be looking for in members of their family?

26 DR. CLARK: It's not part of our
27 jurisdiction to define diseases that can be diagnosed by
28 physicians.

1 AUDIENCE MEMBER 14: Is it not --

2 DR. BOKHOUT: The way I would put it is this
3 way: Look, you're going to give us some information.
4 You're going to help us to answer the question whether and
5 how these wind turbines are causing health problems. Okay?
6 If we feed you a suggest set of answers, then people who
7 look at that study say, "But you gave them the
8 information." If we leave it that you tell us what's going
9 on, that has much greater validity, because then we're not
10 feeding it to you.

11 What we're trying to do is figure out what's
12 going on. We have to be very careful in how we get
13 information.

14 AUDIENCE MEMBER 15: Sued.

15 DR. BOKHOUT: Yeah. No, it's tricky. We
16 have to find out from you guys what you are experiencing.
17 And, say, everybody in this room is near a wind turbine and
18 everybody says they're getting sick to their stomach, you
19 know, that's pretty important stuff. But if we ask you,
20 "We want to know whether you get sick to your stomach," you
21 know?

22 AUDIENCE MEMBER 15: Coached.

23 DR. BOKHOUT: Yeah. You know, then we
24 basically -- I don't know what the terminology is. We
25 coached --

26 DR. CLARK: We've biased it, and, yes, we've
27 coached. They say that's it's a leading --

28 AUDIENCE MEMBER 15: Coerced.

1 DR. CLARK: It's called a "leading
2 question." So we can't put a list of symptoms and ask you
3 to check them off, because it's considered a leading
4 question and that we coached the answers.

5 AUDIENCE MEMBER 15: And you'd be getting
6 sued.

7 DR. CLARK: Well, we wouldn't necessarily
8 get sued, but the investigations results would have not
9 very good standing.

10 AUDIENCE MEMBER 14: No validity.

11 AUDIENCE MEMBER 16: I disagree, because I
12 think by not accepting how people are getting ill or what
13 the symptoms are, you're sticking your head in the sand or
14 you're not validating what people are telling you. You're
15 not taking any ownership of any information that you're
16 gathering, because it's like saying, "We don't know what a
17 cold is. We've never heard of it. You tell us what it
18 is."

19 AUDIENCE MEMBER 14: Who hasn't heard of
20 colds?

21 AUDIENCE MEMBER 16: And at what point do
22 you accept that there is a cold? Like, at what point do
23 you say, yes, people are ill; they are getting symptoms
24 from these turbines; and then let's do something about it?

25 DR. BOKHOUT: Well, that's what we're trying
26 to find out, isn't it?

27 AUDIENCE MEMBER 14: Yeah.

28 DR. CLARK: Yeah. I see your point that you

1 feel that we're not validating what you're experiencing.

2 AUDIENCE MEMBER 14: Because people here
3 have sent copies of exactly what's happening to them to the
4 Huron County health unit --

5 DR. BOKHOUT: And I've seen them.

6 AUDIENCE MEMBER 14: -- to your address
7 already now for over a year.

8 DR. BOKHOUT: I've seen them. But that
9 was --

10 AUDIENCE MEMBER 14: Two years.

11 DR. BOKHOUT: It's been a long blinking
12 road, but that's why we're doing this study; right? If we
13 had no complaints from anybody, I couldn't be standing up
14 there to the Board of Health saying, "Let's do this study."
15 But it's because we got those complaints that we're doing
16 this study. And has been mentioned, we're the only health
17 unit doing it.

18 AUDIENCE MEMBER 14: Yes. I do appreciate
19 that. I do appreciate that.

20 DR. BOKHOUT: Yeah.

21 DR. CLARK: So it's --

22 DR. BOKHOUT: It's --

23 DR. CLARK: I realize that you're finding it
24 upsetting that we're not publishing a list of symptoms, but
25 we cannot do that.

26 AUDIENCE MEMBER 14: So people have to do
27 that for themselves.

28 DR. CLARK: If we do that, we will be --

1 pardon?

2 AUDIENCE MEMBER 14: People have to go to
3 the Waubra Foundation website, do that for themselves.

4 DR. BOKHOUT: If you are a study
5 participant, we're interested in knowing what your symptoms
6 are and how you define those symptoms, and where you get
7 the information to make you decide what you should report
8 is entirely up to you.

9 DR. CLARK: So, I mean, those three
10 questions are optional. It's up to you as to whether or
11 not you want to tell us what you feel, what you hear, and
12 what you see. That's optional, because some people don't
13 want to spend the time writing that in every single time.
14 But if you want to tell us what your symptoms are, that's
15 fine, but I cannot publish a list of symptoms and say,
16 "Check all that apply," because it would be considered a
17 leading question, and it would be coaching.

18 DR. BOKHOUT: Yeah.

19 DR. CLARK: And all of the work and all of
20 the effort that goes into the investigation would go
21 nowhere. Okay?

22 Okay. Yes.

23 AUDIENCE MEMBER 17: I'm going to throw a
24 fast one at you here. From the time that I was originally
25 learning, or anybody in my household, some of those
26 symptoms have changed. So I might not get what I got over
27 a year and a half ago or almost two years ago, but now I'm
28 getting something different. And like I said before, all

1 that data I've collected from my household, it sucks
2 because I might not feel that when the study starts next
3 week, but yet I've gone through living hell, and I damn
4 well know it wasn't from any other factors other than when
5 they flipped the switched on these things.

6 So that's where I get mad is all that data,
7 that stuff that happened since they first turned on, it was
8 incredible, especially the first three months. They were
9 insane. So there's not accountability for those feelings.
10 When this thing starts in, let's say, February of next
11 year, I may have totally different symptoms now from what
12 I've had since when we first started, and that kind of
13 sucks because that's something that's just crippling me,
14 but now I've gone to other side effects. So there's
15 nowhere for me to report that, either, because, you know,
16 it'd be lying if I said certain thing that was hurting me
17 at the beginning of this project, when you turned it on, is
18 not affecting me.

19 I think our bodies have gotten used to a lot
20 of this shit too, honestly. We've become immune to it
21 because we're in that house 24/7, seven days a week, and
22 we're farmers, and we don't get to leave, and I'm a
23 housewife and a mother of kids, and we don't get to leave.

24 So I think a lot of the things we
25 experienced at the beginning of the first year and the
26 first few months, our bodies have been evolving, and that's
27 part of something you scientisty people's do is like --
28 what do they call it? Paul, what do they call it?

1 Pathologist -- not pathologist, people that study people's
2 traits and their bodies, how they get used to things and
3 whatever you want to call that. I can't think of the word.
4 But I'm angry because I know it's happened. I know my body
5 best. So, like I said, when I start this study that we
6 waited so long for now, I might not even be getting now
7 those things; I'm getting something else --

8 DR. BOKHOUT: Well, let me --

9 AUDIENCE MEMBER 17: -- because we've been
10 guinea pigs for a long time, so it's frustrating.

11 DR. BOKHOUT: Well, you've been told
12 initially that, "Oh, wind turbines don't cause any
13 problems," right, "with your health"? That's what you were
14 told? "They're safe. We'll just set them back 500 metres.
15 Everything is going to be wonderful."

16 AUDIENCE MEMBER 17: I've got them just over
17 500 metres.

18 DR. BOKHOUT: I know. But, I mean, that's
19 what you were told. Isn't that what you were told by the
20 government?

21 AUDIENCE MEMBER 17: Oh, probably.

22 AUDIENCE MEMBER 18: Exactly.

23 DR. BOKHOUT: You know, it's no problem.
24 It's all been sorted, you know? And then, behold, a whole
25 bunch of turbines show up, and then we've received
26 complaints to health unit by a variety of people. I'm sure
27 you would've complained.

28 AUDIENCE MEMBER 17: I'm No. 1. I'm the No.

1 1 complaints person.

2 DR. BOKHOUT: That's right. So there you
3 go. See? And that says, "Maybe it's not quite that way,
4 you know, maybe not." And then it's a question of -- well,
5 you know how the story goes from there, eh? How long did
6 it take us to get to where we can actually this stuff?

7 AUDIENCE MEMBER 17: But I'll be dead by
8 then too.

9 AUDIENCE MEMBER 18: But we have to start
10 somewhere, and this is a place to start, and we're going to
11 move forward from this beginning.

12 AUDIENCE MEMBER 17: Yeah. But I've lived
13 through sheer hell, and like I said, I've got everything
14 documented at home.

15 AUDIENCE MEMBER 18: So that sheer --

16 AUDIENCE MEMBER 17: But it's frustrating
17 because our bodies are becoming immune to this. I'll tell
18 you that. Definitely.

19 AUDIENCE MEMBER 18: So other people who are
20 just starting will have those symptoms recorded in the
21 study, and those of us, like Rosemary, your symptoms will
22 be recorded also, your new symptoms. So it's going to make
23 it better for people five or ten years from now who will
24 look at this study.

25 AUDIENCE MEMBER 17: I don't want to be
26 doing this for five or ten years.

27 DR. CLARK: Keep your data. Don't throw out
28 your data. I do not have the capacity to do anything with

1 it right now, but I cannot predict what we'll be doing a
2 year from now. Okay? So keep the data.

3 AUDIENCE MEMBER 17: I understand. It's
4 just very frustrating.

5 DR. CLARK: I realize that. I realize that
6 this is a incredibly frustrating process. I'm not going to
7 deny that. And I know that for those of you that were here
8 in the spring with such hope and then had such a let down,
9 and then now we're in a position to start again. So I
10 realize it has been a very frustrating process, but please
11 keep your data. Don't throw it out, because we don't know
12 where we'll be in another year.

13 Okay. So I'll start there.

14 AUDIENCE MEMBER 19: Yeah. Erica, you've
15 been getting a number of calls for this past quite a
16 while --

17 DR. CLARK: Yeah.

18 AUDIENCE MEMBER 19: -- about people with
19 issues --

20 DR. CLARK: Yes.

21 AUDIENCE MEMBER 19: -- living within
22 turbines. Has there been any people calling you in
23 confidence to say they're having issues and they have wind
24 turbines on their property? In other words, they're
25 leaseholders. Has there been anybody?

26 DR. CLARK: I cannot comment. When I get
27 information, I keep that confidential. I can't answer that
28 question.

1 AUDIENCE MEMBER 19: You ask them if they're
2 leaseholders when they call you about problems?

3 DR. CLARK: Well, when we do the
4 registration for the study, we will be asking that
5 question.

6 AUDIENCE MEMBER 19: Yeah.

7 DR. CLARK: But I'm not answering questions
8 about things that people have called up and told me.

9 AUDIENCE MEMBER 19: Okay. So when they
10 phone you about issues, you don't ask them, "Are you a
11 leaseholder? Do you have wind turbines?" When they phone
12 you, you don't?

13 DR. CLARK: I have not been routinely asking
14 questions of people that call me.

15 AUDIENCE MEMBER 19: Yeah. Okay.

16 DR. CLARK: If someone calls with a
17 complaint, we take the complaint. But when we do the
18 registration for the study, right now that's our plan. I
19 mean, this is Draft 3, and it's currently out for review.
20 So there's a group -- I think some of them are here now --
21 that are going to be reviewing it, and then there are some
22 others that are reviewing it. So there may be some changes
23 yet to come, but this is the draft we're working with right
24 now that does ask, "Are you a leaseholder? Do you receive
25 money from a wind turbine company?"

26 Yes?

27 AUDIENCE MEMBER 20: Why did you decide to
28 include leaseholders and people who are not being harmed?

1 And if I may ask a further question all in one, what's the
2 ratio that you're going to accept of people being harmed
3 versus people saying they are not?

4 DR. CLARK: Okay. So the design that we're
5 using for the investigation is what we call a "case-control
6 design." So in a case-control design, your case group is
7 the people that are having a problem. Your control group
8 are the people that are not having a problem. And then the
9 analysis is looking at what's different between those two
10 groups. Why is this group having a problem and this group
11 not?

12 So what we're doing is, within that
13 10-kilometre radius, we're asking everybody to participate,
14 and then we're saying: On this day and this hour, who is a
15 case? Who's got a problem? Who does not? What's the
16 difference between those two groups? Why is it that this
17 group is having difficulty? Does it have to do with their
18 location? Does it have to do with the wind direction?
19 Does it have to do with the efficiency of the turbine
20 that's close to them? Why is this group different from
21 this group? That's what we do with a case-control design.

22 In terms of ratio, we're doing what we call
23 a "census sample." So we're taking everybody in that
24 10-kilometre radius, and we're inviting them all to
25 participate. We're not saying, "We need 10 people who look
26 like this, 10 people who look like this, 10 people who look
27 like this." We're inviting everybody in that 10-kilometre
28 radius because we want to figure out what is different

1 between those who have a complaint and those who don't in a
2 period of time and what are the conditions and what is the
3 physical environment looking like at that point.

4 AUDIENCE MEMBER 20: So you won't know the
5 ratio until people register?

6 DR. CLARK: Yes. When we report on the
7 percentages. So let's one of the things that we'll be
8 reporting is, say, for example, what percentage of
9 households have at least one person experiencing
10 difficulties. The numerator will be the households within
11 that 10-kilometre radius that have at least one person
12 experiencing a difficulty. The denominator is everybody in
13 that 10-kilometre radius, all those households. And then
14 we can say that, in 5 kilometres, what's the percentage?
15 In 2 kilometres, what's the percentage? So that's one of
16 the things that we're going to be looking to report for
17 each season. So what is the percentage of households?
18 What is the percentage of people? Okay?

19 The denominator is everybody eligible for
20 the study, not the population of Huron County. We're not
21 interested in the people who are 50 kilometres away. We're
22 interested in the ones who are within that 10-kilometre
23 radius. Okay?

24 So who I say next? You. Okay.

25 AUDIENCE MEMBER 21: One question that came
26 up is the time limit of the symptoms, when some people had
27 symptoms for two years. What is going to be in effect for
28 this study? Does it have to be after the study starts on

1 February 17th, whatever, or can it be things beforehand?
2 I'm just trying to get it defined because there seems to be
3 some confusion of how they can use old data and new data.

4 DR. CLARK: Okay. So if you have been
5 journaling what's happening to you over the last couple of
6 years, that is your personal data. I don't want you to
7 throw it out. Definitely keep it. At this point, I don't
8 have --

9 AUDIENCE MEMBER 21: Use for it?

10 DR. CLARK: Not right now.

11 AUDIENCE MEMBER 21: Yep.

12 DR. CLARK: Right now, I have a very narrow
13 scope that I'm looking at. Right now, what we're looking
14 at is we'll be collecting data starting in early 2017, and
15 the complaint will be realtime. So let's say April 2,
16 2017, at one o'clock in the afternoon, you are really --
17 you know, the turbines are making noise or something
18 doesn't feel right. You feel panic; you feel overwhelmed.
19 So you make a complaint. You fill out the form, and then
20 that is documented as a complaint for that hour. If you
21 feel something an hour later, you document another
22 complaint. If you feel something an hour after, you
23 document another document.

24 When I do the analysis, what I'm planning to
25 do is to take that hour and say, "Who had a complaint in
26 that hour?" That's my case group. Who did not have a
27 complaint? That's my control group. Why is one group
28 different from the other group? What are the things that

1 may be predicting why those people are having difficulties?

2 AUDIENCE MEMBER 21: Okay. One thing is
3 time. I understand time.

4 DR. CLARK: Yep.

5 AUDIENCE MEMBER 21: Wind direction is
6 another thing that affects it. So you could have two
7 households that were being affected and 10 that weren't.

8 DR. CLARK: Yep.

9 AUDIENCE MEMBER 21: Is that going to
10 conflict with what you just said?

11 DR. CLARK: So wind direction is one of the
12 variables that we're looking at. We're also looking at the
13 direction that the turbines are facing. So if you have
14 four houses, the two houses in the middle, the wind turbine
15 is facing them.

16 AUDIENCE MEMBER 21: Yeah.

17 DR. CLARK: That's something that we want to
18 look at in the analysis. We also want to look at the
19 efficiency of the turbines, because there is the
20 theoretical output, and then there's the actual output, and
21 we want to look at: Is the turbine operating efficiently
22 in that period of time, or are there things going on that
23 are causing the turbine to be inefficient, like wind shear,
24 wobbling of the blades, things that might be making it more
25 difficult for people to live near them?

26 AUDIENCE MEMBER 22: One other thing you
27 mentioned as far as people getting money from a turbine
28 through a lease, we do know the people that are leased are

1 having trouble, and their children are having trouble.

2 DR. CLARK: Mm-hmm.

3 AUDIENCE MEMBER 22: I don't know if they'll
4 turn around and put it in. They're under contract not to
5 say anything, financial contract not to say anything.

6 DR. BOKHOUT: So they're basically saying
7 they can't speak out.

8 AUDIENCE MEMBER 22: They can't speak out,
9 but they could anonymously.

10 DR. BOKHOUT: Yes, of course.

11 AUDIENCE MEMBER 22: Yeah. Yeah.

12 DR. BOKHOUT: That's my hope, anyway. That
13 message should go out there for people. If you know
14 somebody, say, it doesn't preclude -- you know, if you know
15 somebody in that situation --

16 AUDIENCE MEMBER 22: Yeah.

17 DR. BOKHOUT: -- it doesn't preclude them
18 from participating in the study. It's just that they don't
19 want to tell the company that they're participating.

20 AUDIENCE MEMBER 22: Right. Right.

21 DR. CLARK: Yep. And it's why it's so
22 important that we maintain confidentiality.

23 AUDIENCE MEMBER 22: Yeah.

24 DR. CLARK: Okay? If someone participates,
25 that is confidential. I will know. Dr. Bokhout will know.
26 That's it.

27 AUDIENCE MEMBER 22: Mm-hmm.

28 DR. CLARK: Unless you telling your

1 neighbour you're participating, nobody else is going to
2 know.

3 Okay. So there are some questions over
4 here, so in the beige sweater.

5 AUDIENCE MEMBER 23: So if I'm registered
6 and I have company and somebody reacts, are they able to
7 participate, or do I record it for them?

8 DR. CLARK: That's a good question. I'll
9 have to think about it some more, but my reaction would be
10 to document it and get ahold of me, and I'll see what I can
11 do, but I'll think about that. I hadn't --

12 AUDIENCE MEMBER 23: If we go golfing and we
13 get close to the turbines and somebody's heart starts
14 palpitating --

15 AUDIENCE MEMBER 24: Which has happened.

16 AUDIENCE MEMBER 23: -- which has happened,
17 where is that going to be recorded?

18 DR. CLARK: Okay. I'll have to think about
19 a visitor form. Thank you.

20 AUDIENCE MEMBER 23: I'll give you an
21 example. Like, we have two farmhouses. I can go in one; I
22 might be fine. If we drive next door to go to the next
23 farmhouse to visit there, bam.

24 DR. CLARK: I would want to --

25 AUDIENCE MEMBER 23: So I'm just telling you
26 the variables on these things. It's incredible.

27 DR. CLARK: Yep. I would want to be giving
28 you an ID number for each farmhouse.

1 AUDIENCE MEMBER 23: Well, there should be
2 somebody registered in that house already because they're a
3 victim in there too, so whatever, but I'm just telling you
4 how incredible this can be, my experience.

5 DR. BOKHOUT: Are you on good terms with
6 that person? Do you know whether they'll register for the
7 study?

8 AUDIENCE MEMBER 23: It's family. It's
9 family. It's all family.

10 DR. BOKHOUT: Oh, okay. Good.

11 AUDIENCE MEMBER 24: But you do have custom
12 workers on farms that are going into farms that are close,
13 and they have trouble working in the fields close to the
14 turbines. That's another group.

15 DR. BOKHOUT: Well, it's the same, yeah.

16 AUDIENCE MEMBER 24: Yeah.

17 DR. CLARK: Okay. So a couple more
18 questions on this side.

19 AUDIENCE MEMBER 25: Go ahead.

20 AUDIENCE MEMBER 26: How are you going to
21 take into account sensitivity? I was living 650 metres
22 away from the turbine and had to leave six months ago. I
23 lived there for 18 months. I'm living in town. I'm still
24 affected, but I've become really sensitized to almost
25 everything else in my environment. So I'm still living in
26 town. My neighbour might not be affected because they
27 aren't sensitized to it. So I think that that's a really
28 big piece, because we know that some people are more

1 sensitive.

2 DR. CLARK: That's a good question. At this
3 point, I'm not sure if I can deal with the sensitivity
4 issue in this particular investigation. In the previous
5 drafts of the surveys, we were asking a lot of questions
6 around sensitivity, chronic health diseases, all kinds of
7 other things, and there were a couple of issues there. One
8 was that the surveys were just too long, and it would have
9 been -- I tried completing them myself on an ongoing basis
10 and couldn't keep it up, and I'm highly invested in doing
11 surveys.

12 AUDIENCE MEMBER 26: I have 18 months of
13 journalling every single day, so I'm looking at that as
14 well, so I would know, because this shows that it's still
15 happening to me even though I'm no longer there where it
16 was.

17 DR. BOKHOUT: Just as a by the way, are you
18 still within the 10-kilometre radius?

19 AUDIENCE MEMBER 26: Yes, I am.

20 DR. BOKHOUT: Okay. So --

21 DR. CLARK: Then you're still participating.

22 DR. BOKHOUT: -- you can --

23 AUDIENCE MEMBER 26: Symptoms are very
24 different, as she's stated.

25 DR. CLARK: Yep.

26 DR. BOKHOUT: Fair enough, but report the
27 symptoms. You know, like --

28 AUDIENCE MEMBER 26: I guess I'm just sort

1 of looking at that and going, well, if you saw that or if
2 that popped up, you'd have no way of knowing that this
3 person has left the vicinity because of the turbines but is
4 still being affected. You know? Like, there's a piece
5 missing there that you will never know that I had to leave
6 where I was living.

7 DR. CLARK: One of the things that we do
8 want to look at is if there are empty households within
9 that 10-kilometre radius. We want to know live households
10 are empty.

11 AUDIENCE MEMBER 26: Well, we sold that
12 house.

13 DR. CLARK: Okay?

14 AUDIENCE MEMBER 26: Somebody bought our
15 house, and, you know, they're not being affected.

16 DR. CLARK: Okay. Yep.

17 AUDIENCE MEMBER 27: My question is not only
18 for you. It's the media in the room. How is this going
19 publicized? How is it going to be a government come in,
20 and it's going to go in the recycle box before it's even
21 read? How do we get this out to everyone that they need to
22 be concerned?

23 DR. CLARK: So are you talking about the
24 results?

25 AUDIENCE MEMBER 27: No.

26 DR. CLARK: The invitation?

27 AUDIENCE MEMBER 27: Mm-hmm.

28 DR. CLARK: So the invitation is going to be

1 going in the mailbox of every eligible household. We will
2 also be doing a media release when we're ready to start the
3 investigation. Typically the media in Huron County reports
4 on our media releases, so we're fairly confident that it
5 will go out over the media when we're ready to start the
6 investigation. We will also have the information on our
7 website. It will go on our Facebook pages, and we'll be
8 asking people to spread it by word of mouth as well.

9 Our experience so far has been that, when we
10 make an announcement related to the wind turbines, that the
11 word spreads fairly quickly. We had over 4,000 hits on our
12 website and on our Facebook when we announced that we were
13 going to do a public meeting tonight. So we're not worried
14 about not being able to spread the information, because our
15 experience has been that it spreads pretty quick.

16 So when we do publish the interim analysis,
17 it will be on our website. It will be publicly available
18 to anybody who accesses our website. Anybody will be able
19 to download it, print it, share it, send it around. We're
20 not going to be keeping it secret, and we're going to be
21 saying, "This is the interim findings. This is how we came
22 to them." You will actually be able to look at how I did
23 the analysis, and if you know somebody that knows
24 statistics or has worked with the Stata program, they'll be
25 able to do a line-by-line critique of what I did. And if
26 somebody has a problem with how I did the analysis, I want
27 to hear about it, because if I hear about it, then we can
28 use that information for the next round of the process. So

1 certainly we are interested in having the information
2 widely available.

3 AUDIENCE MEMBER 27: There's a tremendous
4 amount of cottagers and part-timers. They don't all have a
5 mailbox. How do we get to those people? Because they'll
6 be living here maybe three months, maybe six months. There
7 are a lot of snowbirds in Huron County, tremendous amount,
8 because they don't like the snow.

9 DR. CLARK: Yeah. We are looking at a
10 strategy for capturing the cottagers and the part-time
11 residents. We know that there is a wave of people that
12 comes in after the May long weekend, so we will be
13 reissuing the invitation at that time. We also know that
14 we have a beach Twitter account that we can use during the
15 beach season to remind people that the investigation is
16 ongoing. If you are in an area that fits the eligibility,
17 that we want to talk to you.

18 So we are working on a strategy for getting
19 the part-time residents that show up in the spring. So,
20 yes, your point is very well taken. We do have an influx
21 of people in the spring, and we can't forget about them,
22 because if they're in that 10-kilometre radius, they will
23 be eligible.

24 DR. BOKHOUT: There was a question over
25 here.

26 AUDIENCE MEMBER 28: Yeah. She kind of
27 asked the same question, but I'm the owner of Hirschmark
28 (ph) Trailer Park.

1 DR. CLARK: Mm-hmm.

2 AUDIENCE MEMBER 28: So on the weekend, I'll
3 have, you know, 100 seasonals. Then I have quite a few
4 that stay there during the week. You know, they're all
5 seasonal, so they're there six months, but they go home for
6 five days. So they come for two days; they leave for five.
7 Are they all going to be eligible?

8 DR. CLARK: Yes.

9 AUDIENCE MEMBER 28: I'm just going to post
10 some up?

11 DR. CLARK: Yep. Well, you'll probably be
12 hearing from us when we get to the point where trailer
13 parks are opening up. Yep.

14 AUDIENCE MEMBER 29: Let's talk about
15 mapping. Are you going to put out a map of what is 10
16 kilometres, that you are considering is 10 kilometres?

17 DR. CLARK: Yes.

18 AUDIENCE MEMBER 29: I live in Goderich
19 Township, and we have them to the north and south, and I
20 think people would like to know if they're within that
21 circle or not in case they get missed.

22 DR. CLARK: Oh, yeah. We will absolutely be
23 doing that. Yep.

24 AUDIENCE MEMBER 30: I just wanted to ask:
25 For legal reasons, considering the fact that no one in
26 Huron County gave consent to being a subject of the turbine
27 experiment, I'm wondering if the people who are being
28 harmed and who decide to participate in this survey will be

1 signing a legally binding disclosure document of informed
2 consent because they will be remaining in their home and
3 subject to more harm.

4 DR. CLARK: Oh, no. We are not releasing
5 any information, no. No, no, no. Participating in the
6 investigation does not mean you are consenting to turbines.
7 When you sign the consent inform in the investigation, you
8 are only giving your consent to being in the investigation.
9 That's it. That's it. That is all you are signing. All
10 you would be agreeing to is what's on the consent form.
11 That's it. So you would be agreeing to give us permission
12 to analyze your data and to report summary aggregate
13 results. That's it. You are not giving us permission to
14 spread far and wide that you signed up. We cannot release
15 that. Okay? You are not consenting that you accept the
16 turbines. When you sign the consent form, you are only
17 consenting to the investigation. That's it. That's all.

18 AUDIENCE MEMBER 31: Doctors, can you -- and
19 maybe it will solve the issue of not leading people and
20 telling them what the symptoms are. Can one of the
21 questions be -- and I don't think it's in there: Thinking
22 back to when turbines were turned on, has the status of
23 your health improved or worsened?

24 And then the second question, and then I'll
25 stop, is: Are you doing an overlay of where the turbines
26 are now placed in Huron County on the map?

27 DR. BOKHOUT: Oh, yeah.

28 DR. CLARK: Oh, yeah. Yep. When we do up

1 the map, we'll be showing where the turbines are. The
2 reason we no longer have the question about compared to a
3 year ago or compared to before the turbines started, is
4 your health good, better, or worse, we did have that kind
5 of a question on a previous version of the survey. The
6 challenge is, when you start looking at that self-reported
7 health measure, you then have to look at what are other
8 variables that might influence that, because the research
9 literature is quite clear that there are things that
10 influence self-reported health that have nothing to do with
11 wind turbines: your gender, your ethnicity, how much money
12 you make, whether you consume heavy amounts of alcohol,
13 whether you have a whether chronic disease. So if we try
14 to talk about what your self-reported health is, I also
15 have to ask all these other questions that nobody wants to
16 answer when we're talking about wind turbines, and that was
17 where people were getting upset with the previous versions
18 of the study.

19 AUDIENCE MEMBER 31: You'd have to qualify
20 large amounts of alcohol.

21 DR. BOKHOUT: Just before we go on, it's 20
22 to nine, about. How much longer do you guys want to keep
23 this going? Officially, we were supposed to end at 8:30.
24 Take a few more questions and call it quits?

25 AUDIENCE MEMBER 32: I have two more
26 questions, if I may.

27 DR. BOKHOUT: All right. He had one, so
28 it's now your turn again. Go ahead. Why don't you start

1 with one, please?

2 AUDIENCE MEMBER 32: Will you be providing a
3 risk and benefit statement to everyone participating?

4 DR. CLARK: Yes. Yes.

5 AUDIENCE MEMBER 32: Detailed risk and
6 benefit.

7 DR. CLARK: That is part of the information
8 sheet, part of the consent form. So there will be a very
9 clear list of the risks and the benefits.

10 So as we were talking about earlier, one of
11 the risks to participating is that you may invest a lot of
12 time in filling out the survey and tracking your complaints
13 and then we may not have significant results. That is a
14 risk, and that is going to be listed on the information
15 sheet and the consent form.

16 AUDIENCE MEMBER 32: Okay. And, if I may,
17 just one more: You are going to be asking a question about
18 pre-existing health concerns or health symptoms?

19 DR. CLARK: No. We got rid of that.

20 AUDIENCE MEMBER 32: You got rid of that?

21 DR. CLARK: It's gone. We got rid of that
22 when we got rid of the self-reported health questions.
23 We're not asking about pre-existing health conditions.
24 We're not asking about alcohol consumption. We're not
25 asking how much money you make.

26 AUDIENCE MEMBER 32: I heard that, but I
27 just wanted to be sure --

28 DR. BOKHOUT: It's not there.

1 AUDIENCE MEMBER 32: -- that there was going
2 to be, you know, the dignity that is provided to children,
3 elderly, special needs people, and people with pre-existing
4 health conditions.

5 DR. CLARK: Yep. We're not asking any of
6 those questions. We're just strictly the questions that
7 were listed up there. That's it. That's all we're asking.

8 DR. BOKHOUT: Go ahead.

9 AUDIENCE MEMBER 33: Yeah. There's two
10 different sizes of windmills out there. Are you going to
11 kind of compare the data between the two?

12 DR. BOKHOUT: Two different sizes of what?

13 AUDIENCE MEMBER 33: Windmills.

14 AUDIENCE MEMBER 34: Wind towers.

15 DR. BOKHOUT: Oh, I see.

16 DR. CLARK: That is one of the variables.

17 AUDIENCE MEMBER 33: That wind farm is the
18 largest one out there, like the tallest, so the blades are
19 bigger. They're taller. They catch more air compared to
20 one of the ones that are smaller.

21 DR. CLARK: Yep. So we do have information
22 on the specs for the wind turbine, so I can easily put that
23 equation or, sorry, put that variable into the model. Yep.

24 AUDIENCE MEMBER 33: And you know the
25 efficiency that they're actually running?

26 DR. CLARK: Yeah. On the IESO website, the
27 electricity something operators. There is a website.

28 AUDIENCE MEMBER 34: Independent Electricity

1 System Operator.

2 DR. CLARK: There we go.

3 AUDIENCE MEMBER 33: But even the 2.4s in
4 South Huron, they're actually only set up to run way less,
5 like at two, is what one of the contractors told me.

6 AUDIENCE MEMBER 34: It's probably true.

7 AUDIENCE MEMBER 33: And then they even run
8 at different spinning speeds.

9 DR. BOKHOUT: Well, the thing is that, when
10 you start looking at those data and you're trying to --
11 let's say you're living near one of those turbines and you
12 find when they're running at, say, 80 percent efficiency,
13 you're A-OK. When they're running at 20 percent
14 efficiency, you're not A-OK. You know, and that comes out
15 in your report, and that stuff, that would be obviously
16 something that we could look at. You know, that was one of
17 the things that we look at, if you've got something that
18 ain't running at full efficiency and changes to the
19 turbulence.

20 DR. CLARK: Yep.

21 AUDIENCE MEMBER 35: You mentioned something
22 about an ethics committee approval.

23 DR. CLARK: Yes.

24 AUDIENCE MEMBER 35: Would you like to
25 explain that to the people?

26 DR. CLARK: Sure. So when we do any type of
27 research, we want to make sure that we're doing it
28 ethically and that we comply with the Tri-Council Policy

1 Statement, Second Edition. And the process that we go
2 through to ensure that we're doing that is we write up all
3 of our methods, and we take a copy of our information
4 sheet, our consent form, all the data collection tools, our
5 analysis plan, and we give it to a committee of people with
6 special training in ethics, and they comment on it and
7 decide whether they approve or disapprove of the study. If
8 they disapprove, they tell you what you need to change in
9 order for it to meet their ethical standard, and if they
10 give approval, they're saying, as an accredited ethics
11 board, they're saying that it is an ethical piece of
12 research. They are not commenting on whether or not
13 turbines are ethical. Okay? They're only commenting on
14 whether what we're doing in the investigation is ethical.
15 So are we violating your rights with the way we collect the
16 information? Are we putting you at undue because we're
17 collecting your information? But they're not commenting on
18 the turbine operation. They're only commenting on the
19 methods of the investigation.

20 AUDIENCE MEMBER 35: Can you identify who
21 these people?

22 DR. CLARK: Yep. We're using the University
23 of Waterloo Research and Ethics Board. So at the health
24 unit, we do not have the capacity to do ethics review
25 ourselves. There's just myself and a couple of other
26 individuals that have any training in ethics, and you can't
27 review your own research.

28 AUDIENCE MEMBER 35: Right. Right.

1 AUDIENCE MEMBER 36: It's like the police
2 investigating their own crime.

3 DR. CLARK: Yeah. So you have to find an
4 independent body to do your review. So we're using the
5 University of Waterloo board.

6 AUDIENCE MEMBER 35: So that has yet to be
7 done?

8 DR. CLARK: Yes. Before we send it to the
9 University of Waterloo ethics board, the data collection
10 tools have to be finalized, because you can't change them
11 after you get approval.

12 DR. BOKHOUT: Which is part of the reason
13 why we had this meeting tonight; right? To make sure that
14 you guys are okay with what we've proposed. And if you're
15 basically comfortable with that, that gives us an
16 opportunity to move ahead with that.

17 AUDIENCE MEMBER 35: The other question is:
18 You mentioned several meetings in the future. Is there
19 going to be more meetings like this, or is it for the
20 results after three months or something?

21 DR. BOKHOUT: Oh, I have no problems with
22 more meetings. I mean, the more, the merrier, but I think,
23 if you guys are okay with what we've proposed and you're
24 comfortable with it, we'll proceed, and then I would expect
25 that there may be some interest in running a little info
26 meeting once we have the first set of data. You know, I
27 think that would be a logical time to have a meeting.

28 DR. CLARK: Yeah. We're certainly

1 interested in doing more meetings.

2 AUDIENCE MEMBER 35: I was just wondering
3 because some people wouldn't know that this was actually
4 happening. When you said out an envelope to them in the
5 mail or something, then they won't know what to do with it.

6 DR. BOKHOUT: That's where you guys come in.

7 AUDIENCE MEMBER 35: Yep. Okay.

8 DR. CLARK: Yeah. And when we announce that
9 the investigation is going to start, there will absolutely
10 be a series of meetings. Okay? There will be more than
11 one, because we recognize that we're unlikely to be able to
12 get everybody in the room if we just do one meeting.

13 AUDIENCE MEMBER 35: So show of hands?

14 DR. BOKHOUT: Sorry?

15 AUDIENCE MEMBER 35: How are you going to do
16 this? A show of hands?

17 DR. BOKHOUT: Well, if you want, sure. If
18 you're comfortable with what we proposed, just raise your
19 hands. That's simple.

20 AUDIENCE MEMBER 35: Simple.

21 DR. BOKHOUT: Yeah. Yeah. Anybody opposed
22 violently?

23 DR. CLARK: Or just call the health unit
24 tomorrow if you want, if you have any concerns that you
25 don't want to express tonight.

26 DR. BOKHOUT: Okay. Well, thank -- sorry,
27 go ahead.

28 AUDIENCE MEMBER 36: Just one question: Is

1 a non-response to the survey still weighted in the final
2 results?

3 DR. CLARK: Yes.

4 AUDIENCE MEMBER 36: Okay.

5 DR. BOKHOUT: Thank you very, very much for
6 coming out.

7 AUDIENCE MEMBER 36: Thank you.

8 DR. BOKHOUT: Be safe going home. Hopefully
9 it's not snowing too hard.

10 --- Whereupon the audio recording concludes

11

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