

**PROCEEDINGS OF THE BROWN COUNTY**  
**HUMAN SERVICES COMMITTEE**

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, May 30, 2018 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, WI.

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**Present:** Supervisor Hoyer, Supervisor Brusky, Supervisor Linssen, Supervisor Evans  
**Excused:** Tom De Wane  
**Also Present:** Supervisor Tran, Supervisor Borchardt; Hospital Administrator Luke Schubert, Syble Hopp Administrator Kim Pahlow, Syble Hopp Business Manager Carolyn Maricque, Health and Human Services Director Erik Pritzl, Public Health Officer Anna Destree, Finance Manager Eric Johnson and other interested parties.

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I. **Call Meeting to Order.**

The meeting was called to order by Chair Hoyer at 6:01 pm.

II. **Approve/Modify Agenda.**

**Motion made by Supervisor Evans, seconded by Supervisor Brusky to modify the agenda to take Item 6 after Item 1e. Vote taken. MOTION CARRIED UNANIMOUSLY**

III. **Approve/Modify Minutes of April 25, 2018.**

Brusky pointed out the following:

Supervisor De Wane should be listed as absent or excused.

Under 'Wind Turbine Update', naseo genesee should be nauseogenicity and ILFM should be ILFN.

**Motion made by Supervisor Brusky, seconded by Supervisor Linssen to approve with the modifications noted. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Comments from the Public**

CTC Hospital & Nursing Home Administrator Luke Schubert introduced Lisa Horn, Senior Manager at Schenck SC. Her group was conducting a study, an operational analysis for the CTC which will be brought back in June. Horn provided the scope of services they were doing for Brown County which included some short term assessment areas, assessing the nursing home, hospital and CBRF revenues from operations and comparing to public and private facilities of a similar size and population. Look at the SS, nursing home, hospital, and CBRF expenses of operations compared to public and private facilities, create a 5-year projection of levy required for status quo operations. Make some recommendations around operational strategies and recommend specific strategies to reduce expenses but estimating annual financial impacts. Included in that would be a short term analysis of expenses as well as some long term assessment areas recommend feasible service line changes to increase revenues with estimated financial impacts and explain possible change of ownership models with recommendations to ensure public needs were met while controlling costs of services and finally assess internal inpatient outpatient models to meet the needs of the community and obligations of the county.

**Report from Human Services Chair**

Chair Hoyer informed that today with Director Pritzl, members from CTC, Facilities and members of the police, both county and city, went down and visited the Milwaukee County Mental Health site and visited all the different areas. He appreciated the opportunity and they will have discussions about it moving forward.

A week ago he was lucky enough to be in the group from Brown County visiting the White House. They took the opportunity to visit Capitol Hill and the offices of the two Senators from Wisconsin as well as Rep. Gallagher. One thing raised at the meeting was the idea of considering temporary social security benefits or temporary disability in cases of mental health issues or AODA. They also talked about reimbursement levels for Medicaid and some other issues that were more general about the county and infrastructure. The next day they were in the White House, they had a number of speakers including Kellyanne Conway who talked about the opioid crisis.

Today was Chair Hoyer's birthday!

1. **Review Minutes of:**
  - a. **Aging & Disability Resource Center (March 22, 2018).**
  - b. **Board of Health (March 13, 2018).**
  - c. **Criminal Justice Coordinating Board (March 8, 2018).**
  - d. **Mental Health Treatment Committee (March 21, 2018).**
  - e. **Veterans' Recognition Subcommittee (April 17, 2018).**

**Motion made by Supervisor Linssen, seconded by Supervisor Evans to suspend the rules to take Items 1a-e together. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Motion made by Supervisor Linssen, seconded by Supervisor Evans to approve Items 1a-e. Vote taken. MOTION CARRIED UNANIMOUSLY**

*Although shown in proper format, Item 6 was taken at this time.*

### **Communications**

2. **Communication from Supervisor Schadewald re: I request the Human Services Committee and the Administration Committee to examine proposals to find ways to attract and keep the local resident in psychiatry to stay and work in Brown County.**

**Motion made by Supervisor Linssen, seconded by Supervisor Evans to hold for 90 days. Vote taken. MOTION CARRIED UNANIMOUSLY**

3. **Communication from Supervisor Hoyer re: Re-establish the Homeless Issues and Affordable Housing Sub Committee which reports to Human Services. *Held for one month.***

Hoyer informed he met with Director Pritzl, Noel Halvorson from NeighborWorks and an individual from the Brown County Coalition. There were a lot of people working together coordinating these activities. An area that could use some work and could benefit from a sub group, this committee and the board as a whole was to consider some of the more legislative or ordinance issues that were conflicting or causing issues for those trying to provide services. If the committee was interested, they could send this back to staff to come up with some options, some specific areas of legislation or ordinance where they could direct a group to look at those laws and ordinances and try and see if they could adjust them or correct them to better serve their most vulnerable population.

Pritzl stated they wanted to have an opportunity to meet with Halvorson to go over what the Housing and Homeless Coalition had been working on because this subcommittee last met in 2009. Discuss coordinating entry and other work that had been done to make sure the efforts of the coalition were more coordinated. They were evolving into how do we staff the coalition and pursue funding to get staff. The 2 areas they hit on was policy and how they could look at some creative funding mechanisms that could help because this was an area the coalition was not talking about and was not hitting on the policy work. Those were gaps that this subcommittee could fill; that was the question last month, what do we need this for if we had this other group that had been doing all this work. As far as scope, it needed to be

defined better. Hoyer added the goal was to not put too much work into it if the general idea was not approved by here. They wanted to establish this group being very much in support of the committee.

**Motion made by Supervisor Linssen, seconded by Supervisor Evans to hold for 30 days. Vote taken. MOTION CARRIED UNANIMOUSLY**

4. **Communication from Supervisor Brusky re: I request that the Brown County Health Department provide periodic updates on the wind turbine situation in Brown County and the State of Wisconsin. Referred from May County Board.**

Brusky stated they had updates every month with submission of articles but they don't discuss it ever. She felt they needed to periodically review where they were at and what was needed to pursue angles. She was looking for a periodic update from the Health Department regarding the articles they received and perhaps any complaints that had been issued by residents, etc.

Evans appreciated Brusky's communication, it was the Brown County Health Department's mission to protect and promote individual and community health through education, regulation, and leadership, to empower community members to attain well-being across their lifespan. There was a debate if the wind turbines were injuring people, which he believed they were. The Board of Health made a statement that it was a human health hazard. The former Health Director left probably because of the wind turbines. To him, this was an important enough subject that the community had some real interest in that he felt it was the job of the Public Health Officer to come out and make some statements on behalf of what was happening in Brown County, as specifically the Health Department and those statements can then be challenged or approved, etc. He felt it should be a different item verses the Wind Turbine Update.

Linssen didn't have an issue with having a report given to the committee but wondered how much information would actually be contained short of reporting numbers back. While they had taken a lot of information in as far as regulatory movement and stuff like that from the state and federal level had been minimal. He didn't see how there would be much more to report other than what the complaints were unless there was specific actions taken by one of the various groups unless new legislation was proposed or something in a similar nature. He would recommend something on the agenda one every 3-6 months as opposed to monthly.

Brusky felt quarterly would be fine to receive a periodic report.

**Motion made by Supervisor Evans, seconded by Supervisor Brusky to support having an update quarterly from the Public Health Officer. Vote taken. MOTION CARRIED UNANIMOUSLY**

#### **Wind Turbine Update**

5. **Receive new information – Standing Item.**

Public Health Officer Anna Destree provided a handout (attached) noting the current status of what she knew was going on around the state. Evans questioned if they were passing everything on to the state. Destree responded they were providing what they could to the state to assist with their process, their review and the PSC review. Evans questioned her opinion; she informed in her role, she needed to follow and stay within the bounds of state statutes when determining if something was a human health hazard.

**Motion made by Supervisor Evans, seconded by Supervisor Linssen to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Motion made by Supervisor Evans, seconded by Supervisor Brusky to suspend the rules and allow interested parties to speak. Vote taken. MOTION CARRIED UNANIMOUSLY**

Barbara Vanden Boogart

Vanden Boogart extended the invitation to receive questions at any point at any meeting since it hasn't been going on for some time. She would like to see more interaction about this issue as they had brought numerous documents and there wasn't any discussion or questions asked. She addressed several issues that had been brought forward stating last meeting Mr. Crawford brought forward a book in support of the nocebo affect. She didn't think she would have to respond after having submitted the Steven Cooper study which proved a direct causal link and because in the fact they additionally provided numerous scientific peer review documents.

Handouts were submitted (attached) re: Waubra Foundation Statement re Simon Chapman & Fiona Crichton's Book. Vanden Boogart read Items 16, 17, 20, 22, 23 and 27 from the 27 noted facts Waubra Foundation provided before reading and critiquing the book.

Vanden Boogart mentioned that the French Institute of Medicine had recently submitted a recommendation for limiting audible noise to 25 dba and the Shirley Wind regulations were 50 dba, which was a dramatic difference.

She addressed allegations made at the last meeting by Mr. Crawford about their organization being shady. They need to understand that under all circumstances they were doing their best to have integrity for them. None of them had ever been paid for any of the work they had done, every single days, week after week, month after month, year after year for almost 8 complete years. They had never had any pay for that. They were only funded by Brown County residents who were interested in this issue, concerned about it. In fact, in 2010 Supervisor Evans was present at a meeting where a petition of over 600 Brown County residents signed a petition for a moratorium on industrial wind turbines in Brown County. That showed the interested, that far back already in this issue and why they would have no difficulty getting funding when needed. However, they operate on a shoestring because they don't have need for large amounts of money. Their interactions with researchers don't cost them money, they had long distance phone plans, internet, emails, letters, it didn't cost them a lot of money, and it cost them in time and energy. An entertainment that most have but they didn't because they were dedicated to this issue. There was not a need for a lot of money to operate this organization.

She'd also like to ask what Brown County needed yet. They provided numerous peer review documents, there was a 2012 study by acoustical experts, there had been public testimonies where people had come before the county repeatedly expressing their difficulties. There had been a physician who had spoken before the county about seeing residents. There had been complaints and affidavits, there had been actual on the ground measurements of ILFN within homes that proved it was in their homes, in levels that caused those kinds of symptoms. She wondered if the county could be so considerate as to tell them what more was needed to motivate this county to move forward to protect its residents, those residents who pay taxes like the rest of the residents in Brown County for protection. If this were an issue of groundwater being contaminated, she believed there would be action taken far faster than this.

If everything was going to the state at this point, she questioned what this county was doing to advocate for its residents to the state other than just sending everything they submit to it. Were conversations going on on a regular basis, was there a demand not just a hand over the documents but a demand in part of this county for the state to take action? Was there an advocacy going on? She'd like to know an answer to that as would the rest of the residents as their lives were being affected every single day, year after year with some permanent damage being done. This was not being treated like the emergency that it was, the seriousness of it. She'd like to know what was going to happen here. She'd like to know if there was groundwater contamination, if they had to wait for the state to step in. Once the water had been tested and there was contamination, the air here, the environment here had been tested and proven. She'd like to know if anyone in this county other than the residents themselves and the members of their organization have righteous indignation, frustration and anger over this to protect its residents from the harm that's being done to them regularly, if that is being conveyed to the state, if it exists.

**Motion made by Supervisor Linssen, seconded by Supervisor Evans to close the floor. Vote taken.  
MOTION CARRIED UNANIMOUSLY**

**Syble Hopp**

- 6. Resolution Approving Tentative Levy for Syble Hopp School (Children with Disabilities Education Board) Budget for Fiscal Year July 1, 2018 to June 30, 2019.**

Syble Hopp Business Manager Carolyn Maricque informed some of the changes they made with their budget this year was they brought back some of their services, they had a few classrooms at the intermediate level at the district, they were going to bring those funds back into Syble Hopp School and open two new classrooms there. Due to their numbers they were going to have to increase their bussing; \$100,000 increase for 2 buses.

Syble Hopp Administrator Kim Pahlow stated in looking at their facilities and making sure they were safe and secure, they use all of their doors for entrance and leaving because they had so many different modes of pickup and drop-off; they were doing some auditing of their physical building and knew they needed to add additional secured entrances. Their PA system was currently not audible throughout the building so there were funds to make sure they were taken care of. They also had no security cameras and worked with the county this year to bring in a couple cameras in the front and back as well add some additional cameras both inside and outside.

They were applying for the Department of Justice Grant that was available as they were eligible. Hopefully that will help cover expenses they have.

Maricque went over the numbers briefly, speaking to any changes and answering questions that arose.

**Motion made by Supervisor Evans, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

*Item 2 was taken at this time.*

**Health & Human Services Department**

- 7. Budget Adjustment Request (18-67): Any increase in expenses with an offsetting increase in revenue.**

**Motion made by Supervisor Evans, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

- 8. Resolution regarding Reclassification of a Medical Transcriptionist Position in the Health and Human Services – Community Treatment Center Table of Organization.**

A medical transcriptionist left the county so it was an opportunity to replace this position. They were still functioning under a pre-HR staffing model so it was shifting duties only time and this was the opportunity to change the duties to make it more accurately reflect the position.

**Motion made by Supervisor Linssen, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

- 9. Resolution regarding Reclassification of a Social Worker/Case Manager Position and Deletion of a .4 FTE Clinical Social Worker Position in the Health and Human Services – Community Treatment Center Table of Organization.**

They were eliminating a position that was less than full time; they had a number of problems filling less than full time positions as they pursue 7-day a week coverage. This was an opportunity to get all the positions aligned so they were clinical level and interchangeable for shifts and days so they can have 7-day a week coverage without this .4 they keep turning over. Less than full time positions were hard to fill in their organization, social work in particular. The .4 deletion covered part of the cost of the clinical position; any remaining dollars could also be used for shift differentials or overtime costs.

Schubert informed they were attempting to fill the need to hire people just to work every other weekend but they weren't having a lot of success and were turning over a number of candidates. They get candidates for short term stents that want to earn extra income but it wasn't a plan they were able to stabilize. So through doing this, having a master's degree position and CBRF to combine with the full time masters positions they had in the hospital. It gave them the pool of staff to cover the 7 day a week hospital requirements for the master of social work requirements to meet CMS and VHS standards with allowing providing a more certified higher educated level of treatment to all their patients in both sides. It was their way to fund it by having staff do more weekend rotations.

**Motion made by Supervisor Brusky, seconded by Supervisor Linssen to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**10. Formally identify members of the Mental Health Ad Hoc Committee. *April motion: To place this item on next month's agenda.***

Hoyer briefly explained the role of this group which started with the development of a plan for the \$1.15 million. Another aspect of it had been more recently with the passage of the sales tax. In essence who was on it was part and parcel with the issue of what they were doing, why did they have this ad hoc committee. The discussion was shall they shift over to more of a subcommittee and if so what were their primary goals and how did they support this group. Because of the speed of success in the original \$1.15 million dollars, the ad hoc committee stopped reporting to Human Services, it was going directly to the board. It was a great group of people and it was impressive who has gathered around that table and it was important they had conversations. He felt this was an opportunity to go back to the drawing board and say why they were doing this, why they were here and how could they use this group regardless of membership, they had a pretty good idea of who was a member and certainly they had members from the public and they could write that up right away and he was happy to do so but he would like to take the opportunity to be a little more thoughtful than that and ensure they were going about this the right way.

**Motion made by Supervisor Evans, seconded by Supervisor Linssen to rename all of the members that had been serving on it with the addition of Cheryl Weber and have that subcommittee report to the Human Services Committee. Vote taken. MOTION CARRIED UNANIMOUSLY**

**11. Executive Director's Report.**

Pritzl spoke to his report, highlighting the following:

Jennifer Hoffman has started in her new role as the Community Services Administrator effective May 7<sup>th</sup>. She had been with the department for 27 years serving as the Economic Support Manager for 8 of those years. He noted her leadership with the economic support consortium. They were the lead county of a 5-county consortium and she had done a great job making sure they were on track and performing well and they do perform very well as a group, consistently awarded for performance. Pritzl hoped she brings that to other areas of the department and they were excited to have lead the economic support perspective represented at a high level, which will be good.

With regard to Juvenile Corrections, Pritzl will bring information in June as far as their utilization; it was relatively low as a county especially our size. The state also just released some new information about utilization of corrections statewide and created a map that shades counties based on population and utilization per capita. Some interesting things he felt they would want to see that just got released within the past week.

There was a meeting that the County Association sponsored to talk about the new legislation and what counties had to do. They were provided with the four following options: A county can establish its own secure residential care center for children and youth; a county can contract with a child welfare agency to establish a center; a county can establish a center jointly with another county or counties; or a county can contract with another county for placements.

Copper Lake and Lincoln Hills were going to close effective January 1, 2021 so it didn't give them a lot of time to sort through those options to go through as a county construction, funding of construction and all the different pieces. There was one county in our region that had expressed some interest in looking at this as a region and seeing where that could fit. The problem was a lot of counties don't use corrections very much as there were more issues brought forward about corrections, people pursued other options. Counties over time because of cost pursued local options. That population of corrections had been steadily declining and when you look at utilization, counties because they are so low in utilization, if they built something like this, it was building for a region and not for their own population and he felt that had some risks to it and concerns. The standards as far as programming and construction neither one was identified in legislation. What was identified was groups needed to be created that created these standards. They were supposed to hear two weeks ago what that group was for at least part of this so they don't even know what the construction standards were at this point. Those all had to be created within 2018 and they had to meet starting September/October. Pritzl informed their focus had been secured retention and don't have expertise or competency in the area of corrections, it was a population they didn't currently serve.

Also noted in his report, Pritzl summarized the census at CTC; they saw an interesting phenomenon in April where Bay Haven CBRF average daily census was higher than Nicolet. It was something they've never seen.

**Motion made by Supervisor Linssen, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY**

**12. Communications Update – Regarding possible partnership with Brown County School District for access to Brown County's mental health programs, services and counselors.**

Pritzl informed as a department they met with 8 school districts and talked about mental health services, preparedness activities and crisis response to get a better understanding of what they were required to do. Schools were required to have safety plans in place for events such as active shooters and with new legislation passed at the state level, there were funds available for physical changes to schools to improve their safety and security and some other requirements related to plans and making sure plans were in place related to these events. Schools were working on or have already established those plans in accordance to the requirements.

With mental health services, the school districts talked about essentially two levels of service. They had their crisis response, the immediate response if there was an event and then they had more of an ongoing support type response. They had partnerships with each other, they had internal resources, and they worked with private buyers for that support type function or even for that crisis response. One thing they touched on for that discussion was how the county had a resource that they hadn't really accessed, which was their crisis debriefing teams. The county had staff internally trained for crisis debriefing and provide that within their units and they also worked with other counties that had debriefing teams, there was an exchange agreement, it was a pool of people. They had never talked about how they could offer this potentially to schools as another resource. Work will still need to be done on that because they need MOUs, definition of what a crisis was from the county and the schools prospective, confidentiality agreements.

Specific to ongoing school based mental health, there was an initiative in 7 districts and indicated partnering with community mental health agencies with service availability of typically one day a week. Schools discussed this not just being simply brought into the schools, they actually did a readiness assessment to make sure they could support mental health services at their school and clinition being at their school and providing support such as space and permission for the service to be there as well as children to be in and out. Referrals were made by school staff. So there were partnerships already going on with mental health providers in schools. It was not all over and universal but that's what they were working towards. They wanted to make sure they were able to support if they enhance those services.

They touched on case management, which was really not part of school services due to resource constraints. The ratio of school social workers to students was going to be a pretty low ratio. They talked about how they could have some resources with their already established programs like comprehensive community services. There were barriers with funding resources, voluntary nature of services so people always had the option to participate or not. They talked about how they needed to examine how that could intercept better with the

schools. They also had coordinated service teams which was another program that was designed to be collaborative and in partnership, which was another options. They needed to take the back to see if they could really work on it or not but they really don't have any resources.

Pritzl had extensive conversations with La Crosse County as they started something new. A handout was provided (attached) in which he briefly spoke to. Evans could appreciate the communication but felt working with the school districts will be more difficult than what they think. He didn't know if this was in the scope of what they had been directed to do. Schools had social workers and their own thing going on. He felt it was great in theory and a great model to give to schools but it will be expensive and they were opening up a can of worms, even just the management of it. Linssen stated this looked very similar to what he had in mind when he initially asked them to look into it. He would be interested in seeing how much interest there was from the school districts. He felt they could step in and help out and provide these services but didn't know how the funding would work or how much interest the school districts would have in participating. Pritzl responded that with this particular program he asked a number of questions about funding and they were too early in the phase of looking at revenue. Right now it was 50/50, school district funding and county, which would be levy. It was approximately \$100,000 in the budget for one staff. This was one model; there were other neighborhood social worker models in different places. He believed everyone was trying to figure out this issue because they don't want people coming through child protection or youth justice because those systems were getting overloaded. The question was who picks that up? Linssen felt when it involved keeping juveniles from engaging in the youth justice system, it was the county's concern because at the end of the day the county ends up with that bill. It's just in a different account under a different committee.

**Motion made by Supervisor Linssen, seconded by Supervisor Brusky to direct staff to engage with the school districts to determine whether there will be a potential partnership and if so what would the cost would be for providing this service. Vote taken. MOTION CARRIED UNANIMOUSLY**

**13. Financial Report for Community Treatment Center and Community Services.**

**Motion made by Supervisor Evans, seconded by Supervisor Linssen to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY**

**14. Statistical Reports.**

- a. **Monthly CTC Data.**
  - i. **Bay Haven Crisis Diversion.**
  - ii. **Nicolet Psychiatric Hospital.**
  - iii. **CTC Double Shifts.**
- b. **Child Protection – Child Abuse/Neglect Report.**
- c. **Monthly Contract Update.**

**Motion made by Supervisor Linssen, seconded by Supervisor to suspend the rules to take Items 14a, 14ai, 14aii, 14aiii, 14b and 14c together. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Motion made by Supervisor Evans, seconded by Supervisor Linssen to approve Items 14a, 14ai, 14aii, 14aiii, 14b and 14c. Vote taken. MOTION CARRIED UNANIMOUSLY**

**15. Request for New Non-Continuous and Contract Providers and New Provider Contract.**

**Motion made by Supervisor Evans, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Ageing & Disability Resource Center - No items.  
Veterans Services – No items.**

**Other**

**16. Audit of bills.**



**Motion made by Supervisor Brusky, seconded by Supervisor Evans to acknowledge receipt of bills. Vote taken. MOTION CARRIED UNANIMOUSLY**

**17. Such other Matters as Authorized by Law.**

Hoyer informed he was hoping to have a joint meeting with Public Safety before the normally scheduled June Human Services meeting.

**18. Adjourn.**

**Motion made by Supervisor Evans, seconded by Supervisor Brusky to adjourn at 7:55 pm. Vote taken. MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Alicia A. Loehlein  
Administrative Coordinator

**BROWN COUNTY HEALTH & HUMAN SERVICES DEPARTMENT**  
**Public Health Division**

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To: Human Services Committee

From: Anna Destree

Date: May 30, 2018

Re: Wind Turbine Update

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**Public Service Commission**

- Wind Citing Council Report "Human Health & Wind Turbines" due to be updated in 2019
- Wind Citing Council has a process to gather input/literature for next review:
  - Go to PSC Website: <https://apps.psc.wi.gov/>
  - Under "File With Us" choose "ERF Upload Documents"
  - To view information in Docket, enter 5-GF-228 into the "Quick Single Docket Search"

**Wisconsin Department of Health Services**

- WI DHS has committed to keeping current a position on wind turbines and health
- The last investigation and review completed by WI DHS was in 2016
- The 2016 review determined that there is insufficient scientific evidence to conclude that wind turbine energy systems, when sited in accordance with WI law, cause adverse health effects meeting the statutory definition of human health hazard
- Chapter 254.01 (2) "Human health hazard" means a substance, activity or condition that is known to have the potential to cause acute or chronic illness, to endanger life, to generate or spread infectious diseases, or otherwise injuriously to affect the health of the public.
- Other reviews were completed in 2010 and 2012. Each time, conclusions were the same even though each determination was made by a different DHS official
- WI DHS will collect available research until next review
- DHS has created and shared the following "Wind Turbine and Health" materials:
  - *Wind Turbines and Public Health* fact sheet
  - *Wind Turbines and Health* webcast:  
<https://livestream.com/DHSWebcast/events/6576632>

**Brown County Public Health**

- For the next WI DHS review, Brown County Public Health provided WI DHS with a list of all wind-turbine related materials shared with BCPH (February 09, 2018)
- In preparation for the 2019 Wind Citing Council Report, Brown County Public Health will provide the PSC with a list of all wind-turbine related materials shared with BCPH
- Participating on the WALHDAB Wind Turbine Workgroup



**Public Health**  
Prevent. Promote. Protect.

**Brown County Board of Health & Brown County Human Services Committee**

- Standing agenda item to receive new information

**WALHDAB Wind Turbine Workgroup**

- WALHDAB = Wisconsin Association for Local Health Departments and Boards
- WALHDAB representative also a part of National Association of Local Boards Of Health (NALBOH)
- Group formed in 2018 to discuss:
  - Current resources available on Wind Turbines and Health
  - Public Health's role

# Wind Turbines and Public Health

## Answering questions about the health effects of wind turbines

### Research has not connected wind turbines and negative health effects

Wind turbines are increasingly common as a renewable energy source in Wisconsin, which has raised questions about a number of health and safety issues. While individuals have reported concerns about the noise and safety of wind turbines, studies do not support a relationship between wind turbine noise and health problems.<sup>1,2</sup>

Further studies may be needed to refine recommended minimum setback distances and identify where amending local policies might be warranted.<sup>3,4</sup>

#### Quick Information

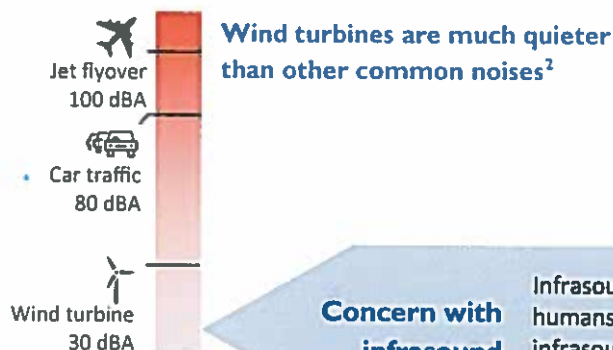
Shadow flicker and blinking lights occur too slowly to cause seizure-related health concerns.<sup>2</sup>

Noise levels from wind turbines have not been found to cause health effects.<sup>5</sup>

Minimum required distances should protect residents from ice that falls from turbine blades.<sup>6</sup>

### Noise levels from wind turbines are not significant enough to impact health

Environmental noise can be linked to headache, poor cognitive function, and reduced sleep quality. However, the levels of noise from wind turbines have not been found to be high enough to cause health effects.<sup>5</sup>



#### Concern with infrasound

Infrasound is sound that is lower in pitch than the range that humans can detect. While wind turbines can generate infrasound, the sound levels they generate have not been shown to contribute to health effects.

### Wind turbines should be located a safe distance from roads and homes

In most cases, minimum required distances from residences effectively address ice that falls from the turbine blades.<sup>6</sup> In addition, further distances could decrease annoyance to individuals.

## Learn More

Wind Turbines and Health webinar | [livestream.com/DHSWebcast/events/6576632](http://livestream.com/DHSWebcast/events/6576632)

Public Service Commission's Wind Siting Rules | [psc.wi.gov/pages/renewables/windsitingrules.aspx](http://psc.wi.gov/pages/renewables/windsitingrules.aspx)

<sup>1</sup>Health Canada. Wind Turbine Noise and Health Study. 2013

<sup>2</sup>Oregon Public Health Division. Strategic Health Impact Assessment on Wind Energy Development in Oregon. 2013

<sup>3</sup>Jeffery RD, Krogh CM, Horner B. Industrial wind turbines and adverse health effects. *Can J Rural Med.* 2014;19 (1): 21-6.

<sup>4</sup>Knopper LD, Olson CA. Health effects and wind turbines: A review of the literature. *Environ Health.* 2011;10 (78): 1-10

<sup>5</sup>Haiperin D. Environmental noise and sleep disturbances: A threat to health? *Sleep Sci.* 2014;7 (4): 209-212.

<sup>6</sup>Tammelin et al. 1998. Wind Energy Production in Cold Climate  
Icon by alrigel from nounproject.com

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Bureau of Environmental and Occupational Health

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P-02028



# Waubra Foundation Statement re Simon Chapman & Fiona Crichton's Book

*December 1, 2017*

The Foundation is aware of the launch of the Chapman and Crichton book "Wind Turbine Syndrome: a Communicated Disease" on 1<sup>st</sup> December, 2017 and the accompanying media interest in the issue of wind turbine noise, and will be reading it carefully due to a history of frequent misrepresentation of facts, and defamation [1] on the part of the first author.

Before reading and critiquing the book, we note the following facts:

1. The Waubra Foundation is, and has always been, a charity concerned about the adverse health effects of excessive industrial noise pollution on humans, with a particular interest in the lower frequencies below 200 Hz.[2] [3]
2. The Foundation has not restricted our attention to wind turbine noise, and it is a deliberate and commonly repeated falsehood by some, including in the media, to assert otherwise. We note that those who repeat this falsehood, and ignore the facts, are often financially or ideologically linked to the wind industry.
3. The Foundation has assisted noise impacted and noise sensitized local residents by the provision of a range of practical advice, and where we can do so, access to trusted, ethical, independent acousticians with expertise and interest in the area of lower frequency noise and vibration.
4. Residents' locations include Lithgow NSW (Coal fired power station & underground coal mine), the Hunter Valley Region in NSW (coal mines), the gas fields in Queensland near Tara and Chinchilla (Coal Seam Gas), gas fired power stations in NSW (Uranquinty) and Victoria (Port Campbell) in addition to multiple industrial wind power facilities in South Australia, Victoria, New South Wales and Queensland. We have also assisted residents living in urban areas in Brisbane, Sydney, Melbourne and Adelaide affected by excessive industrial low frequency noise.
5. In some instances, where our limited funds have allowed it, the Foundation has provided funding towards travel expenses for acoustic field research, or funded acoustic monitoring where the noise sources have included coal mines, a coal fired power station, and industrial scale wind turbines.[4]
6. More recently the Foundation has provided R & D funding that has resulted in the development of more affordable broad spectrum acoustic recording equipment, now being deployed by some of these local residents to gather acoustic exposure data from inside their own homes near a gold mine, a coal mine, a coal fired power station, and numerous industrial wind power developments. In addition to these locations in Australia, this new equipment is also being purchased and deployed by international researchers and residents in Denmark, Ireland, Belgium, England, Scotland, Portugal, and Canada. We look forward to residents being able to better protect themselves from noise nuisance as a result of this technology being made available.
7. With respect to wind turbine noise specifically, we note that Noise Nuisance and other litigation for wind turbine neighbours who have been in a financial position to protect their legal rights has resulted in wins for residents with either turbine shut downs, or turbine operational curtailment to reduce the noise emissions and even removal of wind turbines; or successful financial settlement involving property buy outs with non disclosure clauses. These include but are not confined to the following locations:
  1. Falmouth.[5] and other locations in the USA [6]
  2. Portugal [7]

3. Germany [9]
  4. United Kingdom [9]
  5. Ireland [10]
8. We note the recent laboratory research led by the Swedish researchers Smith et al [11], who found that strong amplitude modulated low frequency noise disturbed sleep, even in young fit healthy study participants, and even after only very limited exposure (3 nights).
  9. We also note the opinions of UK Acoustician Geoff Leventhall with respect to amplitude modulation. Leventhall stated in his evidence to the senate inquiry on 23 June 2015 that it is amplitude modulation that "upsets people". [12]
  10. We note that the WHO's Night Noise Guidelines for Europe published in 2009 outlines in great detail how noise which affects sleep duration and quality can lead to a range of serious adverse health effects from environmental sleep disorders. [13] It would, of course be difficult to disagree with 60 years of research acknowledged by the WHO in its various publications in the field of excessive environmental noise.
  11. We note that there is a wealth of scientific and clinical evidence showing that sleep deprivation and poor sleep quality (regardless of the cause) is well known to be associated with deteriorating health, and that even the paid medical expert witness used by the wind industry in Australia, Gary Wittert, has conceded that sleep deprivation itself is an adverse health effect. [14]
  12. We note that in his evidence to the second senate inquiry on 14<sup>th</sup> November, 2012 Simon Chapman acknowledged that excessive noise can disturb sleep and that sleep disturbance can have an adverse health effect, in response to questioning by Senator Nick Xenophon. [15]
  13. We note that sleep disturbance is one of the areas of study for the two NHMRC funded research projects into wind turbine noise adverse health effects. [16]
  14. We note that it was known to acousticians and the UK government in 1996 that based upon a survey conducted "once nearby residents are sensitized to noise they are unlikely to get used to it over a relatively short period of time" – Final Report of the Wind Turbine Noise from Wind Turbines Working Group entitled "The Assessment and Rating of Noise from Wind Turbines". [17] According to a wind industry consultant acoustician working in Australia, this ETSU 97 report is the document upon which noise pollution regulations and standards used in Australia are based. [18]
  15. We note that both the Queensland Department of Health and the Victorian Department of Health have acknowledged the issues of "low frequency noise sensitivity" and "low frequency noise sensitization" in documents including information about noise from coal seam gas facilities [19] and wind turbines. [20] Noise sensitization means that there is an increased response to the same noise stimulus with ongoing exposure. This sensitization effect is precisely what residents living near sources of dynamically pulsed, amplitude modulated noise, commonly report. These people also then report that they react to other sources of industrial noise that previously did not affect them, such as compressors from heating and cooling systems and fans. This is known as "cross sensitization". [21] [22]
  16. We note that the Health Canada study was not a longitudinal study [23] It is therefore incorrect and misleading of Simon Chapman, who purports to be an epidemiologist, to describe it as "the largest, most important longitudinal study run by Health Canada" in a recent media article opinion piece. [24] No such longitudinal study has ever been conducted, and is long overdue. Such a study would confirm the noise sensitization effect previously mentioned in the 1996 ETSU 97 document.
  17. We further note that the lead author of the Health Canada study, David Michaud, has admitted whilst being questioned at the Acoustical Society of America Wind Turbine Noise Group meeting at Salt Lake City, May 2016 that the Health Canada study was not designed to investigate whether or not a direct causal relationship exists. [25] The cross sectional nature of that study design does not permit conclusions about causality to be drawn. It is therefore misleading of Simon Chapman to state, in the same media opinion piece in the Guardian, that "This study provided no support for the direct cause hypothesis" without also stating that the Health Canada study by its very nature was not designed to investigate direct causation. [26]
  18. We note that neither Simon Chapman nor Fiona Crichton have ever measured and recorded the sound inside people's dwellings (regardless of the noise source) with concurrent physiological monitoring including sleep / EEG studies and heart rate monitoring. Nor have Chapman and Crichton then re-exposed the noise sensitized people to the sound taken from their homes in a double blind provocation study, to scientifically determine whether or not the reported sensations or physiological reactions are present and can be reliably and repeatedly reproduced in a laboratory setting. This would be the *scientific* way of determining whether or not the sound is exerting a direct effect on the physiology of the brain and the body, as a

growing body of acoustic, neuroscientific and sleep research suggests is occurring.[27] [28] [29]

19. We note that neither Simon Chapman (as a sociologist, with a PhD which examined what amounted to misleading and deceptive conduct by Tobacco companies to deny the adverse health effects of cigarettes which were known to them), nor Fiona Crichton (as a lawyer and "social psychologist"), have the necessary technical skills and educational background to perform such an acoustic investigation, physiological investigation, or laboratory study as outlined immediately above, and nor have they collaborated with others to conduct such a study.
20. Neither Chapman nor Crichton have practiced medicine in any capacity, nor are they qualified to do so. In contrast, there are numerous trained, registered, practicing medical doctors, in Australia and internationally, who over the last ten years have treated patients with the characteristic symptoms, including repeated sleep disturbances, which Dr Nina Pierpont described as Wind Turbine Syndrome. The list of Medical Practitioners includes but are not limited to the following:
  - Dr Amanda Harry, Cornwall, UK [30]
  - Dr David Iser, Toora, Victoria, Australia [31]
  - Dr Wayne Spring, Ballarat, Victoria, Australia [32]
  - Dr Andja Mitric Andjic, formerly Leonards Hill, Victoria, Australia [33]
  - Dr Herb Coussons, USA [34]
  - Dr Sandy Raider, Vermont, USA [35]
  - Dr Jay Tibbetts, Brown County, USA [36]

21. Dr Michael Nissenbaum, a medical doctor from the USA (Vermont) and Canada and author of a peer reviewed published study [37] examining sleep disturbance in wind turbine noise exposed residents at two locations in the USA explained the dangers inherent in making a diagnosis of "a nocebo effect" without thorough investigation, in his evidence to the second Australian Federal Senate inquiry. His considered response to a question on notice about the nocebo effect and non medical people who offer it as a suggested diagnosis is reproduced below: [38]

*"On 'nocebo', if a physician provides the diagnosis of 'nocebo' (a psychologically mediated effect analogous to a 'psychosomatic illness/response'), medical protocols dictate that it be done subsequent to a process of thoroughly excluding the possibility of any pathophysiological pathways that are plausible, more likely, or more important (because of serious downstream implications) to consider.*

*The 'nocebo' concept is inapplicable and it would be irresponsible to apply it as an explanation for the chronic sleep disorders which are the result of often unremembered night-time arousals related to noise (a simple physiological chain of events that is not medically controversial in the least, and which are detectable by validated investigational tools such as used in our study). It's rushed utilization here would be a conjectural, unfair and cruel exercise that would in effect tell people that while what they are feeling may be real, the origin is 'all in their head' rather than in well understood physiological interactions between the sleep mechanism and noise.*

*Finally, suggesting a diagnosis of 'nocebo' without investigating, 'boots on the ground', for more plausible, better understood, or more logical causes of a medical condition would normally constitute medical malpractice in most Western-based medical systems, including Australia. Individuals who are not physicians are not limited by this professional mandate or even necessarily this conceptual framework". (bold our emphasis)*

22. We note the descriptor of Fiona Crichton as a "social psychologist". It is unclear to the Foundation whether Crichton has ever provided clinical psychological care to anyone, let alone someone who is noise sensitized to any source of industrial noise, let alone wind turbine noise. Search of the New Zealand Psychologists Board on 1<sup>st</sup> December, 2017 found no record of anyone with the surname of Crichton who is currently registered to provide psychological services in New Zealand.[39]

23. In contrast, Psychologists with first hand knowledge of the serious nature of the health problems reported by residents living near wind turbines and who have been prepared to speak publicly include Australian psychologist Peter Trask.[40] and American psychologists and researchers Professor Arline Bronzaft [41] and Dr Helen Parker.[42]

24. Australian Psychologist Peter Trask, who has provided clinical care to wind turbine noise sensitized people in Australia, had this to say in his submission to the second Australian Senate Inquiry: [43]

*"As a practising psychologist, I have only recently become aware of this WTS first-hand, although for some years I have had some peripheral exposure, via the mainstream media. More recently however, I have met many individuals directly affected by WTS, and have had the privilege to be providing two individuals with psychological treatment and support.*

*Based on my recent experiences and interactions with such affected individuals, I am satisfied that this WTS condition is real. This conclusion of mine is based upon both hearing the stories of affected individuals and being aware of and having access to the limited yet growing scientific body of evidence highlighting this deleterious syndrome."*

*This syndrome is not, in my view, a psychosomatic illness or a placebo effect. If this syndrome was primarily a psychosomatic condition, the genesis of the WTS would be rooted in inappropriate or irrational cognitive processing and my assessment of affected individuals elicits no evidence to support this. Moreover, psychosomatic conditions require a level of conscious awareness of adverse stimuli to activate somatic symptoms in the body. Conversely, I believe that the WTS affects people at a sub-conscious level, creating somatic symptoms without a conscious (or cognitive) awareness of why. Accordingly, this WTS is potentially a very insidious syndrome as the usual cognitive associations are not established till much later. At this later stage, psychosomatic responses may emerge, similar to people affected by post-traumatic stress disorder, but only retrospectively.*

*With regard to the placebo effect (believing that one will be adversely affected in exposure to specific stimuli previously labelled as toxic or dangerous), the various theories of motivation ought to be acknowledged. Clearly, motivation among humans is a complex phenomenon. Nevertheless, for those affected by WTS that I have met and treated, there is no plausible motivation-based explanation for why they would want to be sick nor expect to be so, based on their prior life and medical histories. Furthermore, these are people who have possessed a very close affinity and love for their homes and locations, and so, have endured this syndrome for extended periods, and then in desperation, like environmental refugees, have had to leave their homes, with substantial regret.*

*I shall leave the scientific and/or neurological theories and explanations to the experts. Nevertheless, the existence of low frequency sound energy, produced by wind turbines, and inaudible to the human ear, may be the reason for this syndrome. While this low frequency noise or sound energy (aka infrasound) may be inaudible and thus not able to be consciously perceived by the human ear, it does appear that the ear's vestibular system is still capable of perceiving the presence of this infrasound, and so send signals to the central nervous system for processing, in this case without the conscious awareness of the affected individual. Despite this, it appears that this infrasound stimuli activates the automatic survival response, more commonly known as the fight/flight/freeze response. Consequently, somatic symptoms are experienced by affected individuals. These symptoms include hyper-arousal, anxiety, racing heart, nausea, muscle tension, panic, concentration and attention problems, memory difficulties, and more. At night, these symptoms can lead to insomnia and sleep disturbance, and consequent stress and emotional instability in the waking hours.*

*On the basis that this syndrome is not a psychosomatic illness (in the first instance) or placebo effect, relief for affected people may only be achieved by removing them from the environment apparently responsible for catalysing their symptoms. Dialogue with affected people provides anecdotal evidence of the efficacy of this approach. Sadly however, chronic exposure to infrasound over an extended period, may more permanently alter the neurological state of affected people, and in such cases, we observe trauma-like symptoms among this cohort."*

25. With respect to Wind Turbine Syndrome specifically, we note that even an acoustician often used by the wind industry as an expert witness, Geoff Leventhall, has acknowledged the usefulness of Dr Nina Pierpont's study in identifying risk factors for people developing what he (Leventhall) refers to as stress symptoms from audible noise. The relevant extract of Leventhall's commentary during his presentation at the NHRMC workshop in June 2011 is below: [44]



*"But what struck me was that the results were already well-known. There is nothing new in the wind turbine syndrome. Except Pierpont showed us a predisposition due to existing health problems. These are what she described as the symptoms for wind turbine syndrome:*

*Sleep disturbance, headache, tinnitus, ear pressure, dizziness, vertigo, nausea, visual blurring, tachycardia, irritability, problems with concentration and memory and on it goes, etc. etc.*

*Now when I saw those I thought to myself I've been familiar with these for years. These are exactly the same as the stress effects due to noise annoyance. And here are these that I've just shown on the previous slide for wind turbine syndrome and these are taken from a paper I gave in 2002, long before I'd ever heard of Pierpont, showing the effects of noise, the very stressful effects which annoyance by noise can have on a small number of people.*

26. In 2003 Leventhall coauthored a UK Government document that stated *"There is no doubt that some humans exposed to infrasound experience abnormal ear, CNS, and resonance induced symptoms that are real and stressful. If this is not recognised by investigators and their treating physicians ... a psychological reaction will follow and the patient's problems will be compounded"*.  
[45]

27. Finally, we note that Simon Chapman has been very vocal about the issue of non-disclosure of conflicts of interest in the tobacco industry research arena, stating *"Having any sort of financial relationship with a funder with deep commercial interests in the outcomes of the research is the most basic example of a conflict of interest that needs declaring"*. [46] We further note that Chapman received money from the wind industry in early 2013, [47] but rarely declares his own remuneration and consequent financial conflict of interest, and nor do the media outlets who frequently quote him as an expert in this area. [48]

The La Crosse Area Family Collaborative (L AFC) is a relationship based, task focused partnership working together to improve outcomes for children and families in targeted neighborhoods-Lower North Side Depot, Powell Poage Hamilton, Washburn, and Logan North. We are here to help families to become safe and stable. The L AFC social workers will partner with families who live in La Crosse’s targeted Northside and Southside neighborhoods to help parents and children actively achieve success through face-to-face support, guidance and inspiration, mentoring and other supportive practices.

We are friendly and non-judgmental. We will work alongside families to enable their success; we will strengthen family conditions by focusing on crisis avoidance and avoidance into emergency systems of care.

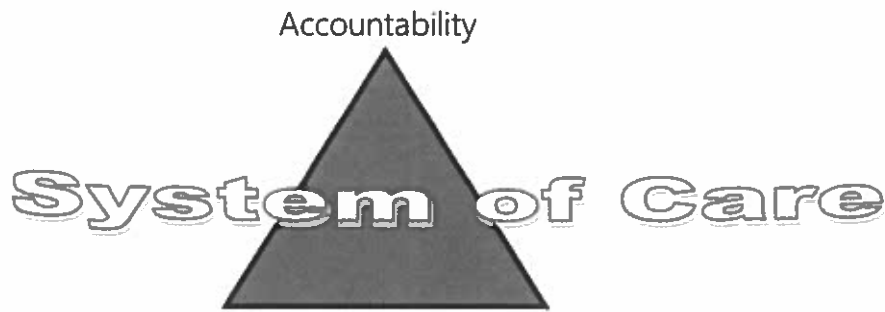
- **Our work should be short term and focus on family stabilization, problem solving and crisis avoidance.**
- **We will work with all families who walk through our doors but our framing question should be:**  
*Will working with this family help to avoid entry into crisis and emergency systems of care? Such as:*
  - Child Protective Services
  - La Crosse County Juvenile Justice
  - Homelessness or unsafe housing
  - Joblessness or underemployment
  - Criminal Justice System
- **If client is currently system involved, we will step in only if a relationship has already been formed and serve only to relationship bridge builder between (CPS, Juv. Justice, etc.) and services that the client may not be accepting.**

**Areas of Focus**

<b>Focus: Children, youth and families who are headed towards crisis and/or involvement with CPS, Juv. Justice, Jail, or are beyond the reach of what schools and law enforcement can offer:</b>	<b>Outside Focus: Families already engaged in CPS, Juv. Arrest, Jail, and families who are actively engaged with schools.</b>
Parent struggling with basic needs – ie. food, clothing	Parent struggling with potty training their 2 year old
Safety and well-being of child/parent	Parent struggling with cost of sports/recreation
Parent/student alcohol and illegal drug concerns	Parent/student struggling with morning routine
Parent formerly involved with CPS, Jail, etc.	Child struggling in academics
Student at-risk of juv. arrest, delinquency, etc.	Swearing in home and similar quality of life concerns
Improper supervision of child/youth	General school behavioral issues
Student truancy concerns	General family problems
Parent unemployment and underemployment	Bullying
Family facing eviction, homelessness, or housing safety	

**Our Strategies:**

Identify Struggling Families Early	Work with Schools, Police, Faith groups and others to identify and reach out to struggling youth and families before emergency and/or system care is needed
Leverage Existing Programs and Networks	Maximize coordination of existing programs and networks to solve family problems. <i>Internal: Exhaust all options before using the internal resource pool</i>
Self Sufficiency and Empowerment	We strive to decrease dependence on formal systems of care and work to enhance the self-sufficiency of those we serve



# La Crosse County Children & Youth System of Care (SOC)

Safety and Support

Skill Development

## **MISSION & GOALS:**

The La Crosse System of Care (SOC) was designed to ensure children and youth remain in school and ready to learn through an integrated system of supports designed to keep them:

1. Out of the criminal justice system
2. Mentally healthy
3. Safe from Abuse & Neglect

Our overall goal is to improve juvenile justice and community responses to delinquent acts by using a continuum of treatment options.

## **HOW IT WORKS:**

When a youth engages in a delinquent behavior, the School Administration and School Resource Officer (SRO) must determine how to respond to the behavior.

In the past, if it was determined the behavior was outside of the school's ability to address, the course of action was typically arrest and referral.

The System of Care (SOC) now gives the school and SRO another option. If eligible, a youth may choose to participate in the SOC in lieu of being referred to Juvenile Justice Services.

The SOC involves participation in an assessment and a written agreement to complete requirements that are based on the assessment and the offense committed. Accountability, skill development, and support will all be addressed in the plan.

Upon completion of the requirements, the School Administrator and SRO will be informed, and ongoing support for the youth will be provided as needed.

## **SOC RESPONSES & SERVICES:**

- School Interventions
- Restitution
- Community Service
- Restorative Justice Circles
- Meetings with an SOC Staff
- Cognitive Groups
- Anger Management Groups
- Referral to Substance Abuse Counseling
- Referral to Mental Health Counseling
- Mentoring
- Wrap Around Services for Youth and Family
- Participation in Prosocial Activities
- Additional Service Referrals
- Overall Support and Guidance

## **CONTACT INFORMATION**

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