

Executive Summary

*Black lung in whatever form is totally preventable.*¹

Dr Brian Plush, Particulate Matter Scientist, University of Wollongong

*The number 1 thing is to mitigate and control the dust before the disease even starts.*²

Professor Robert Cohen, Consultant, Queensland Department of Natural Resources and Mines

*I said to my wife that if I had found out then that I was going to be like this I would have got out of the mine straight away. It has bugged my life.*³

Mr Percy Verrall, former coal miner, diagnosed with Coal Workers' Pneumoconiosis in 2015

The Select Committee on Health's high level of activity has allowed it to be responsive to important health policy issues as they arise. The committee has undertaken the current inquiry for very compelling reasons. The resurgence of a fatal employment-related disease in Australia has drawn the Committee's focus, leading to the obvious question, how could such a disease have re-emerged in Australia? The disease, variously known as black lung, coal miner's lung or Coal Workers' Pneumoconiosis (CWP) is a cruel and insidious disease which can lie dormant in an individual for many years and which will inevitably result in that person's early death. CWP is one of many mining related lung diseases, but one which is peculiar to the mining of coal. A key driver of the committee's examination of CWP's re-emergence has been to promote prevention and early intervention for those at risk.

Media outlets across Australia responded with alarm to the Queensland Commissioner for Mine Safety and Health's (CMSH) report published in May 2015 that confirmed the first case of CWP in thirty years. That alarm was heightened by the confirmation of five other cases between October 2015 and February 2016 and a further two in April 2016. That eight coal miners had been diagnosed with CWP sent shock waves through the mining community in Queensland and throughout Australia. The

1 Dr Brian Plush, Particulate Matter Scientist, University of Wollongong, *Committee Hansard*, 23 March 2016, p. 41.

2 Professor Robert Cohen, Consultant, Queensland Department of Natural Resources and Mines, *Committee Hansard*, 8 March 2016, p. 38.

3 Mr Percy Verrall, former coal miner, private capacity, *Committee Hansard*, 7 March 2016, p. 7.

Queensland Government's swift action following the report was to review the existing screening system (the Sim review), to monitor of dust levels in all Queensland coal mines, to improve the data handling of coal miner's health information, to review the regulation of mine safety standards relating to safe coal dust levels and to put the matter before the National Council of Mining Ministers.

The committee commends the Queensland Government for its response to the re-emergence of CWP and its endeavours to institute reform to a regulatory system which has long had problems. The Queensland Coal Mine Safety and Health Act commenced in 1999 and was last amended in December 2014. The regulations associated with this Act were made in 2001 and was last updated in September 2015. The committee acknowledges the Queensland Government's ongoing efforts in reform of the Queensland coal mining regulatory system.

Industry stakeholder reactions to the re-emergence of CWP was myriad but consistent in their aim to eradicate the disease; the Construction Forestry Mining and Engineering Union (CFMEU) (which brought the CSMH report to the attention of the media) resolved to provide support to its Queensland district and urged action by the Queensland government to address the safety and monitoring of coal workers; affected coal mining companies ramped up certain safety measures and introduced more stringent assessment of workers chest x-rays; the Royal Australian and New Zealand College of Radiologists compiled a list of radiologists able to diagnose CWP.

While such reaction to the re-emergence CWP is commendable, the evidence provided to the Committee from medical professionals, academics and the mining industry that CWP is a totally preventable disease begs the question, how is it that this totally preventable disease has reemerged in Australia now? What has been happening for the period that CWP has been latent in the affected miners? The evidence provided in answers to the Committee's questions and in stakeholder submissions reveals a litany of regulator failure and regulatory capture, industry indifference and incompetence, inconsistent risk mitigation and patchy and sometimes compromised health monitoring throughout Australia. The sum of all these failing parts has left Australian coal workers vulnerable to CWP and therefore vulnerable to early death. Failure to address these failures will inevitably lead to more cases of CWP in this country.

The Committee is therefore of the view that immediate, short-term and longer-term prevention and early intervention actions by the coal mining industry, by state and territory regulators and health providers, by industrial advocates and by the medical profession must be taken if CWP is to be eradicated in Australia for all time. The Committee's recommendations, listed in Chapter 4 go to this aim, and centre on the prevention and early intervention actions aimed firstly and most importantly, at minimising coal miners' current exposure to the hazard of coal dust, secondly at

mitigating the creation of coal dust through engineering solutions, consistent, mandatory and regular monitoring of the levels of coal dust and the on-going provision of financial and medical support for CWP affected miners.

In undertaking this inquiry, the Committee has aimed to give a Commonwealth perspective on the response to the re-emergence of CWP. The Committee believes that this issue is not one based in Queensland alone, as miners will often move between jurisdictions; and that without national best practice standards of dust control and monitoring; and that without a national emphasis on prevention and early intervention, there will be more tragic cases of CWP in Australia. The committee feels that it is important that the eradication of CWP be seen as a national issue, not just a Queensland issue.

Finally, the Committee wishes to take the opportunity to thank Mr Percy Verrall and Mr Keith Stoddart and their families for their courage and advocacy. The Committee recognises these families' commitment to telling their story and raising awareness of these important issues, in order to prevent others from becoming victims of CWP.

The Committee also wishes to thank Mr Ian Hiscock and Mr Chris Carter for their strength in coming forward to tell of their experiences in Queensland coal mines.

The re-emergence of CWP in Australia in coal miners such as Mr Verrall and Mr Stoddart is deeply concerning. The Committee has been horrified that a disease thought to be eradicated in Australia for over 30 years has re-emerged.

While the Committee acknowledges that mining production in Australia creates considerable export earnings, it is coal workers who currently bear the brunt of the risk from the hazardous bi-product of its production. Those who are literally at the coal face will be handed a death sentence in the form of incurable CWP if the Committee's recommendations are not fully and immediately acted upon. Now is the time for action to protect these hard-working Australians.

To this end the Committee believes that all stakeholders must work together to support Australian coal workers who have contracted CWP and to halt further incidence of CWP in Australia.

