
COMMONWEALTH OF AUSTRALIA

# Official Committee Hansard

# SENATE

## COMMUNITY AFFAIRS REFERENCES COMMITTEE

**Reference: Workplace exposure to toxic dust**

FRIDAY, 30 SEPTEMBER 2005

SYDNEY

BY AUTHORITY OF THE SENATE

**INTERNET**

The Proof and Official Hansard transcripts of Senate committee hearings, some House of Representatives committee hearings and some joint committee hearings are available on the Internet. Some House of Representatives committees and some joint committees make available only Official Hansard transcripts.

The Internet address is: **http://www.aph.gov.au/hansard**

To search the parliamentary database, go to:
**http://parlinfoweb.aph.gov.au**

**SENATE**

**COMMUNITY AFFAIRS REFERENCES COMMITTEE**

**Friday, 30 September 2005**

**Members:** Senator Moore *(Chair)*, Senator Humphries *(Deputy Chair)*, Senators Adams, Allison, Carol Brown and Polley

**Participating members:** Senators Abetz, Barnett, Bartlett, Mark Bishop, Bob Brown, George Campbell, Carr, Chapman, Colbeck, Coonan, Crossin, Eggleston, Chris Evans, Faulkner, Ferguson, Ferris, Fielding, Forshaw, Hurley, Joyce, Lightfoot, Ludwig, Lundy, Mason, McGauran, Milne, Murray, Nettle, O'Brien, Parry, Payne, Siewert, Watson, Webber and Wong

**Senators in attendance:** Senators Allison, Carol Brown, Humphries, Moore and Polley

**Terms of reference for the inquiry:**

To inquire into and report on:

- the health impacts of workplace exposure to toxic dust including exposure to silica in sandblasting and other occupations;
- the adequacy and timeliness of regulation governing workplace exposure, safety precautions and the effectiveness of techniques used to assess airborne dust concentrations and toxicity;
- the extent to which employers and employees are informed of the risk of workplace dust inhalation;
- the availability of accurate diagnoses and medical services for those affected and the financial and social burden of such conditions;
- the availability of accurate records on the nature and extent of illness, disability and death, diagnosis, morbidity and treatment;
- access to compensation, limitations in seeking legal redress and alternative models of financial support for affected individuals and their families; and
- the potential of emerging technologies, including nanoparticles, to result in workplace related harm.

**WITNESSES**

**Committee met at 9.03 am**

**BISBY, Dr John Ainley, Consultant, Medical, Toxicology and Control Systems, Cement Concrete and Aggregates Australia**

**SLATTERY, Mr Kenneth Russell, Chief Executive Officer, Cement Concrete and Aggregates Australia**

**McKELVIE, Mr David, Manager, National Occupational Health and Safety, Rinker Australia Pty Ltd**

**CHAIR (Senator Moore)**—Welcome. I declare this hearing open. This morning the Community Affairs References Committee is continuing its inquiry into workplace exposure to toxic dust. I know that information on parliamentary privilege and protection of witnesses has been provided to you. The committee, as you know, prefers evidence to be heard in public but evidence may be taken in camera if you consider such evidence to be of a confidential nature and you can just ask us for the process. The committee has before it your submissions and I now invite any or each of you to make an opening statement and then we will go to questions.

**Mr Slattery**—As we have said, we have made a written submission around the issue of occupational exposure to respirable crystalline silica, which is the issue of most interest to our industry. I will provide a brief overview of the relevant points of our submission but, firstly, I would like to introduce our organisation. Cement Concrete and Aggregates Australia is the peak industry body for the cement, concrete and quarries industries in Australia. We are a national organisation and we represent companies that own and operate quarries, sand and gravel extraction sites, cement production and distribution facilities and concrete batching plants right throughout Australia. Our industry directly employs some 18,000 Australian workers and a further 80,000 indirectly. Our members account for some 90 per cent of the $6 billion revenue generated by this industry around Australia. Our members are vitally concerned with managing the health and safety of their work force and in particular exposure to respirable crystalline silica in the work force.

I believe that there has been quite a bit of discussion around the potential health impacts of RCS. I think they are fairly well understood and have been for some decades now with early incidence being observed many decades ago. Excessive exposure to RCS can cause silicosis which can certainly be a debilitating disease. It runs through a range of severity depending on the nature of the silicosis. That is detailed in our submission and in other submissions. We note that the incidence of silicosis in our industry is now very low. We have noted very few cases of silicosis resulting from exposures over the past 10 to 20 years and almost all of those have resulted from exposures going back more than 10 to 20 years, reflecting the quite long latency period of the disease. We have observed no proven cases of any of the other suspected effects of RCS in Australia over last 20 years—there have been none. There have also been no observances of silicosis arising from exposure to RCS in the community. So silicosis, as we see it, is an industrial problem, not a community problem. We believe that these outcomes—certainly in the context of our own industry—are as a direct result of the level of control that industry is applying over RCS exposure.

With respect to the regulations covering exposure, we believe that current regulatory provisions are adequate to provide protection for workers against the effects of RCS in our industry. Despite the lengthy gestation process of the National Occupational Health and Safety Commission revision of exposure standards, that standard has been revised in line with all of the evidence that was put before NOHSC at the time and we believe that the appropriate outcome was reached. The process was a tripartite one, recognising the input of employers, employees and government. Our industry played an active role in the revision of that standard, from 0.2 milligrams per cubic metre down to 0.1 milligram per cubic metre in recognition of the evidence that was put forward. I note that reduction in the standard was put forward on the basis of prevention of silicosis and I believe the committee heard evidence previously that it was to prevent lung cancer. That is not the case. The standard was in fact around the prevention of silicosis.

The previous standard of 0.2 milligrams per cubic metre was introduced in 1982, some 20-odd years ago, and the incidence of silicosis since the introduction of that standard has almost disappeared in the industry. In fact very few cases of silicosis have been observed. We believe that a further reduction to 0.1 milligrams, which occurred by the end of 2004, will effectively eliminate any risk in the industry provided those standards are adhered to. We do not believe that any further reduction in occupational exposure standards will provide any further benefit from a health perspective and we are particularly concerned that it would substantially increase cost both to industry directly, certainly, but also through government in the areas of compliance and the like.

The Robens principle that is built in to each state occupational health and safety act rests on the principles of self-regulation, where it is recognised that the best control can only be achieved by workers and employers working together to identify risks and manage those risks out of existence to provide better health outcomes. We support that principle continuing in legislation.

On the matter of the extent to which workers and employers are informed of the risks associated with exposure to RCS, I would say that our members are very well aware of the risks of workplace exposure to dust and that they ensure that those members of the work force who are in potential exposure situations are well aware of those risks, of the appropriate work practices that need to be applied and of the protection practices that are available to them to minimise any exposure. Our submission—and I will not go through this now—details typical management systems, engineering controls, work practices and administrative controls that are regularly employed throughout the industry to ensure that a safe workplace exists.

On the matter of the availability of accurate diagnoses, we understand that the committee has received quite a bit of evidence around that. The accepted or best method of screening for RCS is an X-ray. We support that. There are a range of other measures available, such as spirometry and lung function tests. We believe that there is adequate access to those tests to allow the issue to be managed by the industry.

On the matter of the availability of accurate records, we obtained some data on the incidence of silicosis from a number of sources. In fact, those sources are referred to in the submission that we made. We found it quite difficult to find a definitive set of data around actual incidence of silicosis. We surveyed our members on their records over the past 20 years and we referred to a number of other documented sources—from NOHSC and from the University of Western

Australia, for example. They are referred to in the submission. We believe that, while there is not a definitive number that is available around RCS, all the indicators suggest that the incidence is actually very low. The data points to that.

In the area of access to compensation, all Australian workers are in fact covered by compensation acts. We believe that they provide adequate access to compensation for workers. I understand there is a question around what might happen to those workers who fall outside of the work force at a later point. We would not want to comment on that necessarily. We believe that there are a number of common law remedies that are available to address that.

In conclusion, we believe that the incidence of disease related to RCS, particularly in the cement, concrete and quarries industries, has been reduced quite dramatically in recent decades. We can expect with some confidence, given revision to standards and with the constant improvement in workplace and management practices, that there will be effectively no new cases of silicosis in those industries into the future.

It could be said that while some industries have had some unsatisfactory practices—and they were discussed yesterday, and sandblasting would be one area that, for example, has not done all that it should have done—we probably should bear in mind that the level of exposure that an unprotected sandblaster might be exposed to is several hundred times the level of the standards. So it is probably not surprising that there are some impacts under those circumstances. Certainly, all of our member companies have an ongoing program of improvement in the way that they manage occupational health and safety outcomes. We believe that that will ensure a safe workplace into the future. Thank you for the opportunity to be able to make the submission.

**CHAIR**—Mr McKelvie, do you want to make any comment?

**Mr McKelvie**—Not at this stage.

**CHAIR**—Dr Bisby?

**Dr Bisby**—No.

**Senator HUMPHRIES**—I commend you on the submission and what appears to be a quite proactive approach on the part of your organisation towards issues around airborne dusts in your industry. What sort of organisations make up membership of your organisation? Do you cover the field? What sort of numbers of people are outside your organisation but are in that industry? Are they mainly large or a combination of large and small organisations?

**Mr Slattery**—We cover off a range of sizes of organisations, certainly all the large organisations such as Rinker, Hanson, Adelaide Brighton. All of those large businesses are part of CCAA. We have quite a number of other, smaller organisations—in fact, another 70-odd companies are members of CCAA. In terms of representation of the industry more broadly, the numbers in the industry have a relatively long tail. There are several hundred quarry operators around, but we cover off over 90 per cent of the value of those. That can be directly related to the volume and back to the employment outcomes in the industry. So we cover the overwhelming proportion of the industry. We are national, so we do cover off employers in every state and territory in the country.

**Senator HUMPHRIES**—You say on page 2 of your submission:

Silicosis does not arise from community exposure to ambient levels of silica dust, only to occupational types of exposure.

I assume you say that because the volume of exposure, or the intensity of exposure, needs to be of a certain level before a person suffers a serious risk of contracting silicosis. Can you actually provide evidence to support the suggestion that if someone, say, lives close to a sandblasting operation, the ambient levels of silica in the atmosphere around that operation might not affect their health?

**Mr Slattery**—It really does depend on the level of exposure at any particular time. We would rely fairly heavily on the fact that there have been no observed cases of lung related disease, particularly silicosis, in those sorts of settings. It might be an area that Dr Bisby will want to comment on.

**Dr Bisby**—Yes, I think that is true. The international experience is that community exposures never give rise to silicosis. No reports of that have appeared in the international literature, and the international literature on silicosis goes back over 100 years. I do not think that anywhere in the world is anybody giving this any serious attention, because nobody recognises it as having the remotest likelihood that community residents exposed to ambient concentrations of silica dust will develop silicosis. So the international literature is really the basis for saying that. There is a lot of theory to back that up, because any source of silica dust that is industrial is dissipated in terms of its intensity very rapidly by distance. So, although there is a theoretical possibility that somebody could be living next to a source of respirable silica dust, in practice nobody has ever found such a case.

**Senator HUMPHRIES**—Is that also because, as we heard yesterday, of the ageing of the silicate particles as they are exposed to the air?

**Dr Bisby**—The idea that the ageing of particles affects the biological activity is a notion that has interested people for 20 to 30 years. The fact is that there is no real medical evidence that supports that, but it is an interesting theory. Professionals like me get interested in interesting theories, but the reality is that there is not a lot of evidence for the theory that it is only fresh particles that are likely to cause disease or cause more. It may well be true, but there simply is not any evidence to pursue that in any realistic sense. Any industrial source of silica, where silica is being machined or used, will generate fresh particles. But, of course, it is the intensity of exposure in those situations which is undoubtedly at least 99 per cent of the issue.

**Senator HUMPHRIES**—Mr Slattery, in your opening remarks, you made reference to the fact that workers compensation arrangements are in place and you also refer to them in the submission. I think you also touched on the fact that workers compensation entitlements would not normally flow to a person who had ceased to work in an industry. Given the long latency periods involved in illnesses like silicosis, it is quite possible—and in fact probable—that a person might contract an illness or be diagnosed with an illness long after they have actually been in an industry.

Looking at the things that might be done to assist people like that, you make reference on page 6 to supporting the basis of no fault and the claimant being given the benefit of any reasonable

doubt in compensation law. I assume that you are referring to access to medical advice and treatment for an injury which might conceivably relate to exposure to a dust at some point in the past. How far would you go with that? Would you be prepared to support the idea that there should be some kind of scheme that provides people with financial compensation where it can be shown that they are likely to have suffered an incidence of, say, silicosis as a result of exposure in a workplace setting to RCS at some point in the past?

**Mr Slattery**—It would depend fairly largely on the nature of such a scheme. Given that workers compensation schemes are in place now and are effectively paid by the industry to support its work force in those areas, we would not necessarily support another overlay of cost over that. That area, though, is not an area that I feel particularly component to respond to. Perhaps Dr Bisby can again provide a view.

**Dr Bisby**—The notion that silicosis comes on long after exposure ceases without any evidence at the time is simply not supported by the medical facts. The medical evidence around the world, the epidemiology, says that somebody who is going to get silicosis will show that silicosis either shortly after exposure or typically within seven years of exposure. Silicosis does not come on without any prior clinical evidence 10 or 20 years after exposure ceases. However, it is possible that somebody who has evidence of silicosis may not be diagnosed at the time and then, for some other reason, 10 years later is X-rayed and on the X-ray there is evidence of silicosis. But that evidence was probably there shortly after they ceased their exposure or, typically, their working life. This is a notion that is gaining credence, but there is no medical evidence to support that notion. This is not like mesothelioma, which, 40 years after exposure has ceased, can suddenly appear and indeed kill somebody very rapidly without any evidence of it in prior years. Silicosis does not work like that. Probably 95 per cent of all cases of silicosis are diagnosable within a year of cessation of exposure, if not at the time of exposure.

**Senator ALLISON**—What are the symptoms that you would expect?

**Dr Bisby**—Of?

**Senator ALLISON**—Of early signs of silicosis. You say that you can see it.

**Dr Bisby**—Changes on an X-ray are the internationally recognised definition of early signs of silicosis. That is a sign, not a symptom. The symptoms can vary. Typically they can be a cough or shortness of breath, but they are terribly variable. The gold standard for the diagnosis, as is said in many of the submissions to this committee, is changes—typically of fibrosis—on chest X-rays. This is recognised around the world.

**Senator HUMPHRIES**—So if a person has exposure to RCS and they have silicates in their lung and they develop it, as you say, within 12 months—that is if they are going to get silicosis—

**Dr Bisby**—Everybody has got silicates in their lung. What is in the lungs of people who are diagnosable as having silicosis is fibrosis resulting from the presence of silica in the lung.

**Senator HUMPHRIES**—Will that fibrosis get worse over time?

**Dr Bisby**—It may do but in the vast majority of cases it will not. For example, in Australia in the last 50 years it has been a fairly mild disease. Typically, people—miners—with silicosis in Australia have, to use a phrase, lived to a ripe old age. Their life expectancy has not been greatly reduced. There is not actually any very good data around, but that is the experience of the cohorts that have been looked at in, for example, Western Australia and this state as well. But it can cause incapacity, so it may reduce quality of life as opposed to reducing life expectancy, although it can reduce life expectancy particularly in severe cases.

**Senator HUMPHRIES**—Are you saying that the evidence that the committee has received—that there is a long latency period between exposure and diagnosis of silicosis—is simply a product of people not identifying the disease, as opposed to people not having the disease until later?

**Dr Bisby**—The medical evidence is that seven years is about the limit for diagnosis after the cessation of exposure. Take somebody who for other reasons—they have got a cough—has a chest X-ray 20 years after that. Somebody looking at the chest X-ray may say there is evidence of fibrosis—the 'somebody' I am talking about is a medical specialist—and may then say, 'This man's got a history of having worked in the Sydney Basin 30 years ago,' and asks, 'Is that fibrosis likely to be silicosis?' and probably, on the basis of the work history, somebody comes to the conclusion that this guy has actually got silicosis. But he may have had it for 30 years, and the reason for the cough at the time of the chest X-ray may be something entirely different.

**Senator HUMPHRIES**—But surely the situation for a person with silicosis could still deteriorate?

**Dr Bisby**—Once you have got silicosis it can deteriorate or it may not; it may reach a plateau and not deteriorate. Sometimes there is deterioration which is progressive: the fibrosis is progressive even after the exposure stops. We are really talking about history here, because there are no cases these days. For example, the submission of Coal Services Pty Ltd, which is in this state, says:

> … new cases of pneumoconiosis and silicosis are non-existent in the NSW coal mining population.

So we are talking historically. Historically, the evidence is all in the literature for anybody to see: evidence over 100 years on thousands and thousands of people who have been very assiduously followed by people who know what they are doing. The technology may have changed but the doctors of those times were just as intelligent as those of today. The jokes are there but we will not make them. The evidence is that lots of them progress but even more of them reach a plateau and do not progress after the exposure stops. Typically, they are discovered at the time of exposure to have silicosis and of course the treatment is to stop any further exposure because further exposure is what drives the fibrosis further in most cases.

**Senator HUMPHRIES**—Are there diseases other than silicosis which can result from exposure to silicates in the air?

**Dr Bisby**—You have mentioned silicates but I would rather use the term 'respirable crystalline silica' because in Australia that is what we set the standards on. The evidence is mixed, but certainly I think most medical people would say that if you start the process of

fibrosis due to silica then certain other diseases may follow, which are possibly due to the fibrosis as opposed to the direct action of the silica. Those include scleroderma—which is terribly rare but I have seen three or four cases in 30 years of full-time experience in this field. People talk about kidney disease. Nobody has ever found a case in Australia. Lung cancer is the one that is being debated. My feeling is that this debate will go on for the next 20 years. A very large study has just been completed by a very reputable epidemiologist in the UK on the sand mining industry. There is no risk of lung cancer identified in the sand mining industry in the UK. So the current evidence in 2005 is that the balance is moving towards saying, 'Probably lung cancer is not caused by exposure to respirable crystalline silica.' Ten years ago, on balance, people would have said, 'The evidence is equivocal but it may be looking like the evidence will show that lung cancer is linked to silica.' Now it has tipped the other way. Where it will end up, I cannot predict. I suspect the answer is not going to be clear for another 10 years. In the meantime, we have now got to a stage in the industry where exposures are so low that my personal opinion is that we are never going to find the precise answer to that question.

**Senator HUMPHRIES**—I do not want to monopolise the floor any more, but what you have to say does tend to cut across a lot of other evidence the committee has taken on the connection between—

**Dr Bisby**—I am quoting the evidence that is based on the literature—that is, the best medical epidemiological evidence. This is all in the international literature. For example, in the study of the UK sand mining industry I have just talked about, thousands of workers have been followed up for silicosis—and for cancer, in particular, because that study was really looking for cancer. That study, which was published only six months ago, also showed that the incidence of silicosis in that industry, as Mr Slattery has just mentioned is the case in the industry in Australia, has almost disappeared recently, but there was no evidence of any link to lung cancer. That evidence is there for anyone to read. What people put in submissions is a different issue, but that is the international evidence that is available today.

**Senator HUMPHRIES**—I will just say one last thing. The Australian Institute of Occupational Hygienists in their submission—I do not know if you have seen it or not—make a number of comments about the incidence of lung cancer, silica exposure, the incidence of silicosis, the seriousness of the condition and what it means for sufferers and so forth. If you were minded to look at that submission and give the committee comments on what they say based on your experience, that might be useful for us in assessing how this evidence can be reconciled.

**Dr Bisby**—I gather the evidence given by the person who turned up was quite different to the written submission. But the written submission, which is the only thing that I am aware of, focuses on an issue which is a real one for Australia. The silica issue is, in medical terms, basically over. It is a great success story. Australian industry is free of silicosis, by and large. That is not to say an occasional case may not happen, just like a truck accident happens when somebody does the wrong thing. Basically it is historical. But they focused on an issue which is ongoing right now, which is the issue of wood dust. That submission focuses heavily on wood dust, which has been an interest of mine for 20 years. I have been banging on about it but nobody takes any notice. It is killing Australians today. The incidence of certain cancers in wood workers exposed to wood dust is 50 times or more. Not 50 per cent; 50 times. And that is today. In our group we have seen about 30. You cannot find a doctor who has seen a case of silicosis

these days, but this is the current issue and the hygienists have put it in their submission. The silicosis thing, as all the submissions say, is basically historical except in certain instances like sandblasting, which I have also seen personally in recent years. In general industry, silica is a historical problem.

**CHAIR**—Dr Bisby, we will follow up with you about that issue of wood dust because we would like to get some more information on that. Our terms of reference cover, as you have seen, the whole issue of dust. It was only really that submission from the hygienists that focused on that. Your evidence indicates there is more information that we could get so we would be very keen to get that.

**Senator CAROL BROWN**—Yesterday we heard from the Australian and New Zealand Society of Respiratory Science, who advocated pre-employment screening in workplaces. What is your industry's view of the need for such screenings?

**Mr McKelvie**—The industry does adopt pre-employment screening, exit screening and screening at regular intervals of I think between four and five years. Pre-employment screening is extremely important to have, most definitely.

**Senator CAROL BROWN**—Who keeps those records?

**Mr McKelvie**—I cannot speak on behalf of the whole industry. On behalf of our industry, I can say they are kept through a medical consultant.

**Senator CAROL BROWN**—By each company?

**Mr McKelvie**—Yes, I would imagine each company would. I know that the three or four major companies work through a large medical consultancy which holds that information.

**Dr Bisby**—The hazardous substances regulations in Australia have been adopted by every state. They were generated as model regulation by the Commonwealth in 1994 and by 2000 every state had adopted them, I think. They specify, in schedule 3, that silica is one of 16 substances which require health surveillance. There is a guideline on what health surveillance means for silica workers and that guideline includes spirometry, which I think was the original question. So, very briefly, workers who are exposed to silica or potentially exposed to silica in Australia are required to have those examinations at least five-yearly. In the systems that the industry has adopted, basically you get an entry screening which is the pre-employment screening and includes the chest X-ray and spirometry. Then they should be at least every five years and, as Mr McKelvie said, in most companies there is an exit one done as well.

**Senator CAROL BROWN**—In your submission you talk about government regulation. Do you believe increased government regulation would assist your industry in managing the risks of dust exposure?

**Mr Slattery**—No, our view is that the management of dust exposure is actually quite effective at the moment. I think that has been reflected in the health outcomes that we are seeing in the industry. We do not believe any additional level of regulation overlaying that would be appropriate or beneficial.

**Senator ALLISON**—On that last point—about the records being kept by medical consultants—does this mean that they are not available to the workers themselves?

**Mr McKelvie**—No, they are available to workers, at request—most definitely.

**Senator ALLISON**—At request?

**Mr Slattery**—Yes. They are obviously given at the end of their medical surveillance. There is feedback and information at the interview with the doctor to discuss that clearance or not. If they are requested, they are made available, for sure.

**Senator ALLISON**—So workers would know that they are able to request that record and take it with them?

**Mr McKelvie**—Yes. We take employees through training that talks about silica or respirable crystalline silica, its rock source, where it comes from, how it works, what sort of engineering controls you need to adopt for a safe place and training in PPE.

**Senator ALLISON**—Would you be confident in saying that every worker in your industry would know that the testing which is done on them by the medical consultants is available to them to take away at the end of their process or to examine at any point in time?

**Mr McKelvie**—It would be very difficult to say that every worker knows. I would say the majority would, and they should all have been informed.

**CHAIR**—The 18,000 would know that?

**Mr McKelvie**—As I said, the majority would and should know that. But I cannot sit here and honestly say that every worker does. That would be quite a strongly answered reply.

**Senator ALLISON**—The examinations are at least five-yearly. Five years seems like a long time to be not examined in a risky industry?

**Dr Bisby**—In 1995 a Commonwealth committee appointed by NOHSC came up with guidelines within these regulations. These regulations and the guidelines on health surveillance cover all the questions that you are asking about the records, what has to be done and—

**Senator ALLISON**—NOHSC says at least five-yearly. That is the guideline.

**Dr Bisby**—I think the exact words are ‘at least five-yearly’. For the past 10 years our advice to companies has been to do them four-yearly at least, because of the administrative difficulties. You go along to a place where you are going to do the employees and somebody is away on long service leave, somebody is away on leave that week and somebody does not turn up for whatever reason. The problem with a regulation is that you have to meet a regulation. An employer could not really afford to be not meeting a regulation, because they would be in breach. To do them every five years, the practicable solution is to do them every four years so that you catch all the no-shows. The regulations provide that the information is given to the worker. The actual records, as I understand it, are legally owned, as are the X-rays, by the

company that pays all costs. But the systems that have been set up within the industry provide that those X-rays that are held under security and so on are made available to the worker at any reasonable request. I have never heard of anybody who could not get their X-rays, except from the Dust Diseases Board of New South Wales, from whom it is almost impossible to get anything. But in terms of the industry—and I have been working around the industry for 20 years—if there is a reasonable request—

**Senator ALLISON**—What is an unreasonable request?

**Dr Bisby**—An unreasonable request is the worker saying, 'I want to take my X-ray with me.'

**Senator ALLISON**—What is unreasonable about that?

**Dr Bisby**—Because it disappears and then the record is gone. It is not reasonable to X-ray the worker again, because the new worker has lost the X-ray.

**Senator ALLISON**—Why don't you take two copies? Is that possible at the time?

**Dr Bisby**—You cannot take two copies of X-rays.

**Senator POLLEY**—You can take two lots of X-rays.

**Dr Bisby**—You can, but there is a risk in taking X-rays.

**Senator ALLISON**—So they are not able to be reproduced?

**Dr Bisby**—You can, but it is difficult. If the worker's doctor needs the X-rays, they are available.

**Senator ALLISON**—What if a worker goes to another state and wants to take his X-ray with him?

**Dr Bisby**—There is a postal service. We send X-rays to Professor Wheeler at John Hopkins University in Baltimore. We just put them in a pack and off they go to Baltimore.

**Senator ALLISON**—Why would you do that?

**Dr Bisby**—He is the world expert on reading X-rays.

**Senator ALLISON**—Does the worker know this is happening to his X-rays?

**Dr Bisby**—I cannot really answer that question. If I go to a doctor I am not exactly sure what happens to my X-rays.

**Senator ALLISON**—It is a slightly different situation, I would suggest. It sounds to me more as if the medical records are there to protect the industry rather than the worker. What do you say to that?

**Dr Bisby**—The regulations are why the records exist. These are regulations under state and territory laws. That is why the X-rays exist. According to the regulations, those X-rays are there for the purpose of preventing silicosis.

**Senator ALLISON**—Mr McKelvie, you are in a business presumably?

**Mr McKelvie**—Yes.

**Senator ALLISON**—How often does the regulator come around to check that the regulations are being upheld?

**Mr McKelvie**—The quarry side of the industry, which is the area of exposure we are talking about, is regulated by the mines departments, under different names, in each state. DPI was mentioned yesterday. They are on site regularly—monthly or less, depending on the location. Obviously, in metro locations it can be more often.

**Senator ALLISON**—The regulator would come monthly?

**Mr McKelvie**—Yes.

**Senator ALLISON**—What do they do when they come?

**Mr McKelvie**—They usually do a walk through with the site manager and have a look around. They look for problem areas, hazards and different systems of work. They spend some time in the lunch room, talking to the boys about what is happening. They are pretty open and regular in their approach. From our perspective, the mines department have been a good resource and support. They are there regularly. If we have problems in Victoria or things we do not understand we ring them and talk, and they pop out and have a chat.

**Senator ALLISON**—Do they measure exposure levels?

**Mr McKelvie**—No, they come and look at our exposure levels. We monitor on a regular basis. That is something I was going to mention before with regard to the chest X-rays every five years. That is based on the hazardous substances regulation, which is based on an exposure limit of 0.1 or previously 0.2. If, say, you were a sandblaster and your exposures were up around 15 or 20 milligrams per metre cubed maybe you would need an X-ray every six months. But when you are monitoring your exposures every six months, as we do in the industry, and you are down to the correct areas and levels then the X-ray side is probably quite practical.

**Senator ALLISON**—In a quarry situation, where do you decide to monitor? Does the regulator agree with you on the sites that must be monitored?

**Mr McKelvie**—They will certainly pull us up if they think we are not doing it the right way. You look at the source of rock you are going to quarry from the quarry itself and from the face and you do what they call a petrographic analysis so you understand the free quartz content, which is typically similar throughout the quarry. Then you look at the personal exposure that people have. That is what the regulations are based on—actual personal exposure. We look at that. You can see that quite obviously: there is dust there and there is dust there—and there is no

dust there, but maybe there should be a source of dust. They come from known areas like crushers, screens, conveyors, drop boxes and stockpiles. If you were starting a new quarry you would probably set up nearly all of the employees with monitors and then find out where your exposures were. You would link those into job groups and start looking regularly at those. You would bring your monitoring records back, do some risk assessments and enter into a control program. The process is fairly thorough and the mines department are very active in reviewing it. I know in Victoria, and I am pretty sure in the other states, that there is no official input of monitoring data to the mines department.

**Senator ALLISON**—You would be surprised at the evidence yesterday from the hygienists that the state departments who do this regulating were not adequately resourced to go out and detect levels.

**Mr McKelvie**—I could not comment on them being adequately resourced. The mines departments in the states demonstrate that they have the resources, because of their frequent visits. I would guess that the WorkCover authorities, which look after more general industry, do not get involved in this to the level I would say that, as a professional safety manager, they probably should, as we have seen in the sandblasting industry.

I think in some of those industries—maybe sandblasting, general construction—there may be a problem. Whether it is about resources or it is about commitment, I really could not tell you. But I know within the mines department there is a very strong relationship with all of the businesses, large or small, and the mines inspectors. They are regularly involved at quarry institutes, crushed stone associations and all those sorts of activities. They come out and peruse your books and your records. The part that I like the most is that they sit in the lunch room and talk with the blokes and find out what they have to say as well. I think that is one part that is making that side of it work quite effectively.

**Senator ALLISON**—Do they turn up unannounced?

**Mr McKelvie**—Yes—a bit of both. They are the sort of people who will turn up for a coffee and have a chat.

**Senator ALLISON**—That sounds very chummy.

**Mr McKelvie**—It is, but they are very objective too. They are in a regulatory position and they are not going to play with things like this. So it can be chummy in some situations, but I have seen situations where it is far from chummy, when the results are not what they are meant to be.

**Senator ALLISON**—Mr Slattery, does your industry cover concrete recyclers?

**Mr Slattery**—No, it does not.

**Senator ALLISON**—In your view—you may not have a view—is that an area of perhaps greater risk than quarrying or cement manufacture?

**Mr Slattery**—I think anything that results in the generation of dust during the process is potentially a risk.

**Senator ALLISON**—They are covered by the same regulations as you, nonetheless.

**Mr Slattery**—Yes, that is exactly right. So if they are complying then the risk is certainly managed.

**Senator ALLISON**—The dust board submission indicates that they provide testing both for workers and for on-site levels. Is that common in each state? Do the workplace departments, or whatever they call themselves in various other states, do that as well? Is the cost reasonable?

**Mr Slattery**—The Dust Diseases Board of New South Wales is, of course, an exclusively New South Wales organisation.

**Senator ALLISON**—Yes, I realise that.

**Mr Slattery**—It is really there to manage a compensation arrangement rather than necessarily being an industry monitoring arrangement.

**Senator ALLISON**—They tell us they provide testing of both workers and workplaces. Are you saying this is not the case?

**Dr Bisby**—Are we talking about dust testing or medical testing?

**Senator ALLISON**—Both.

**Dr Bisby**—The Dust Diseases Board has various functions. They have a branch that does medical testing of workers. The WorkCover Authority of New South Wales has people who do dust monitoring, so both are done in New South Wales. To a certain extent this applies in all states. Each state really organises things differently. For example, Western Australia has regulations that require slightly different medical testing to any of the other states—and, indeed, different to the Commonwealth national recommendations. All X-rays in Western Australia go to the state government and they are reviewed medically at the state level, which I do not think happens in any other state.

**Senator ALLISON**—Is that a good model? Should it be applied nationally?

**Mr Slattery**—We could perhaps get back to you with a view on that, if you like.

**Senator ALLISON**—I have just reread this and it does say that the board 'offers an ongoing commercial screening service to industry'. They have a 'Lung Bus' and various mobile operations. Sorry, it does not say that they test exposure. You say the figures for workers with silicosis are not available. How would you suggest that the system of data collection should be changed in order to make sure that you and we—and anybody else who wants to ask that question—can have an accurate response?

**Mr Slattery**—One of the reasons that the data has not been adequately available is that NOHSC have not been specifically categorising silicosis as a reportable disease. In the disease category, silicosis is actually confused with a whole lot of other dust related issues. Certainly, that situation has now changed. NOHSC actually go back now for a period of some three years—and that was reported in the Department of Employment and Workplace Relations submission, I believe—so we believe the data that we have for the last three years is okay and that that situation will continue into the future. But longer term historical data, going back 20 or 30 years, is really not clear.

**Dr Bisby**—It is true that we do not know the exact numbers, and I think that is mentioned in many of the submissions—for example, from Queensland and from Coal Services Pty Ltd, New South Wales. The numbers are so small from all these states that there is the epidemiology question: what resources would it be reasonable to put in to getting more numbers? When you get numbers under 10 from a state—for example, Western Australia reports none since 1996—

**Senator ALLISON**—But when you say 'none since 1996' is that no new cases?

**Dr Bisby**—Yes; no cases arising from exposures which have occurred since 1996.

**Senator ALLISON**—So you do not discount the numbers that are being reported to this committee of many hundreds of people?

**Dr Bisby**—Where do those numbers come from? All the submissions from government and industry cannot find them. It is difficult to understand. The Dust Diseases Board, for example—

**Senator ALLISON**—We have been told that some people were not even aware that this was their problem; that they had been diagnosed with pneumonia or with some other condition, not silicosis, and it was only once they realised there might be a connection with the industry they once worked in that they asked that question. I think 50 per cent of GPs fail to diagnose silicosis accurately—or at all.

**Dr Bisby**—Where is that evidence?

**Senator ALLISON**—This is my question to you: how do we get the evidence? We have got it by way of a man who put an ad in a paper and got 700 responses to it. That is the evidence we have. I think what we would like to know is: how do we make sure that those people are not lost to the system, that there is an accurate record of who is unwell and that they are taken care of?

**Dr Bisby**—This is a wider issue than the silica, of course. Essentially, speaking from the epidemiology point of view, you can look at systems that compensate people, to see how many people are being compensated, and you can—

**Senator ALLISON**—Or are not, as it happens.

**Dr Bisby**—Okay. You can look in hospital discharge records, for example.

**Senator ALLISON**—Is anyone doing that?

**Dr Bisby**—Not as far as I know, because world wide this problem is so small that, to coin a phrase, everybody has bigger fish to fry. You are looking at a system that would cost millions and millions of dollars, and the probability—

**Senator ALLISON**—To do what?

**Dr Bisby**—To collect exact statistics, depending on how you define them, of people who are affected by silica. There is no definition; that is the problem. We are talking about people who claim they are affected by silica, people who have got silicosis diagnosable on X-ray, people who have clinical silicosis or people who have died of silicosis. In between that, you can probably find another six definitions. But to set up a monitoring system to collect that data would cost millions and millions of dollars and all the evidence is that it would probably yield nothing of any value.

**Senator ALLISON**—Except for those persons concerned.

**Dr Bisby**—You could say it is normal in the Australian population to be sick. The average person attends a doctor six times a year. The hospitals are full of people with diseases. We are focusing on one thing. If you spend the money on that, you are going to exclude spending it on something else. This is the ultimate question. I am sitting here as a medical specialist when everyone knows that silicosis exists. It is kept under control by a system, but it is under control. It is not one of the great health issues that this nation should be spending money on.

**Senator ALLISON**—But wood dust is.

**Dr Bisby**—Wood dust is a bigger issue because nobody is aware of the problem. I agree on that.

**Senator ALLISON**—This committee is looking at that question.

**Dr Bisby**—The hygienist hit it on the head talking about wood dust, because that is a problem that we have not tackled yet. Most people think it is a natural product, ergo it is good for you. The fact is—

**Senator ALLISON**—Especially the formaldehyde.

**Dr Bisby**—It is nothing to do with formaldehyde. This is wood dust. It is not from manufactured wood. It is wood dust.

**Senator POLLEY**—You said from the outset that you would not be in favour of lowering the acceptable levels because of the cost. Is that the primary basis for the reason you would not want to lower the level?

**Mr Slattery**—What I said was that I did not believe that it would actually have any material benefit and would add substantial costs, so there would be no cost benefit. That is our position.

**Senator POLLEY**—We have had evidence given to us about the Environmental Protection Agency and the equipment they use to monitor the acceptable levels and that fine particles of

less than 10 millimicrons are not able to be detected. You spoke about your monitoring. I was wondering if you could give me your opinion on the EPA's equipment and what your equipment does. How often is that equipment monitored and assessed? We all can take tests anywhere we want in terms of dust levels. Do you do it within three metres of the exposed area or do you to it 20 metres from there?

**Mr McKelvie**—As we said before, the hazardous substance regulations are based on a person's exposure to that dust, so the monitoring regime is about putting a pump and cyclone on a person's collar within their breathing zone. It is not down here or over there on the wall or anywhere else; it is where that person is and it follows them for eight hours of the day. You keep a record of their activities during that day so you can see where they have been, which helps you trace the dust's source. They are all done by occupational hygienists who should be members of the association that was here yesterday. There is an Australian standard that they use for the calibration of the equipment that they use, and that standard is recognised internationally and used throughout Australia and most Western countries.

**Mr Slattery**—We really could not comment on the quality of the EPA's gear.

**Mr McKelvie**—I am sorry, but I cannot comment on that.

**Senator POLLEY**—Harking back to access to the X-rays, do the regulators that have the responsibility of monitoring for the levels of dust have access to those X-rays? If not, who has the responsibility to actually either advise the worker or the health department if something abnormal shows up on those X-rays? Sometimes you would have clear indication that there was a problem. But is there an onus on you—do you have the responsibility—to advise the worker?

**Mr McKelvie**—Overall, the organisation, the company, has the primary responsibility and duty to do such. The medical practitioner would carry out that function because of their ability to do that. You do not want me telling somebody they have some form of illness; they want to be able to ask questions. So that would go through them. What was the second part of that question?

**Senator POLLEY**—Do the monitors have access to those X-rays? In terms of the overall responsibility for monitoring, obviously you do the testing. They come and make sure of that. Do they get access to those X-rays?

**Mr McKelvie**—The medical practitioner informs and then, if there is an incidence of significance under the occupational health and safety act in each of the states and territories, we have a duty to inform the regulator and report that. From a safety aspect and also under the Accident Compensation Act we have to report that. They are the two fields. The medical practitioner informs the employee and we as an organisation inform the regulators.

**Senator POLLEY**—So, to assist in that process, wouldn't it therefore be a good idea to actually have two copies of an X-ray? In an instance—and I know personally that it has happened—where company doctors lose records, it becomes very difficult to be able to prove a case when you are seeking compensation if there are no records still available. Wouldn't it be good to place the onus on employees to actually make sure that employees have a copy of their medical records?

**Mr McKelvie**—This might not be the answer you are wanting, but, if I were an employee and I found out I had silicosis now after working in the quarry industry for the last 23 years, I would rather have no previous medical history in the hands of the employer or anybody. I would be a lot better off going on today only as far as getting my compensation case through.

**Senator POLLEY**—I was interested to hear your comments that you do not believe there is a health risk outside of the industry. If you go to those towns in my home state where there is a cement industry you will see the houses covered in dust, although they may not have shortened people's lives to the same extent as what we are investigating now. Are you saying there is no health risk to the community generally?

**Mr Slattery**—We do not think there has been one that is demonstrated at all.

**Senator POLLEY**—But just because people have not sought compensation does not mean that there is not a health risk there.

**Mr Slattery**—There is also monitoring of what the actual exposures are, certainly around all of the sites and around the perimeters. There certainly are controls on what I think is termed 'fugitive' dusts from these operations and they are kept within tight control. Organisations can and are prosecuted for failing to meet those standards.

**Senator POLLEY**—So, from your industry's point of view, then, if I could summarise—and please tell me if I am incorrect—you are quite happy, we should not worry about it and everything is under control?

**CHAIR**—That is a very short summary!

**Mr Slattery**—Certainly, I think the performance that our industries have produced over recent years has led to a situation where we do not believe the health outcomes are negatively affected. There are certainly instances, and there probably will be into the future, where people receive unacceptably high levels of exposure. The issue really is how we control the management systems and how we get management systems in place that bring that down to a very low level. We have made the point in the submission that we do not actually believe that there is an acceptable level of silicosis in the community. We do not think there is. It is a disease and we do not want to be generating that as part of industrial operations. But, certainly, all of the information that we have and everything we have been able to lay our hands on suggests that the issue is actually being managed well within committee expectations. That is not to say that there are not some parts of the industrial world—and sandblasting is, I think, probably a notable example in some of the submissions that have been put forward—where silicosis does not occur. What we are saying is that the levels of exposure that you are likely to see under those circumstances where they are not adequately managed and protected are very substantially greater than the standards that are in place. Organised companies certainly meet the standards.

**CHAIR**—On the point raised by Senator Polley about exposure outside of the immediate workplace, can you provide us with more information? I know, Mr McKelvie, that you gave us quite detailed evidence about what happened on site at a location where there is an industry operating. You have quite clear processes for monitoring. We have had a number of submissions from communities which are concerned about access, as Senator Polley has pointed out. Could

we get some supplementary information from you from the industry about what occurs in areas away from the actual workplace? I think you called it the fugitive impact—I like that term. That would be good.

**Mr McKelvie**—Yes.

**CHAIR**—Just for everybody's information, I am taking longer with this group of witnesses because we have three witnesses as opposed to our original expectation of one. I think the evidence has been very worth while. I am just letting people know why we are taking longer with this witness group.

**Senator ALLISON**—I have just had a chance to have another look at the Dust Diseases Board's submission, Dr Bisby, and they describe three kinds of silicosis: 'chronic', which they say is the most common form and occurs over 20 to 40 years after long-term exposure to low and moderate levels; 'accelerated', which occurs five to 10 years following high exposure levels; and 'acute', which occurs up to two years after short-term high exposure levels. That is not exactly consistent with what you have just indicated to us.

**Dr Bisby**—They are not talking about latency period; they are talking about length of exposure, aren't they?

**Senator ALLISON**—No. This is partly about length of exposure, but it is about three different types of silicosis.

**Dr Bisby**—Is this the Coal Services submission?

**Senator ALLISON**—No. This is from the Dust Diseases Board of New South Wales. The point I want to ask you to consider is that you indicated, as I understand it, that most forms of silicosis would be apparent within a year, I think you said, and certainly within seven years.

**Dr Bisby**—I was talking about latency period. Within a year of the cessation of the exposure and within seven years beyond that it is almost unknown to have silicosis occurring. I am talking about the latency period between the stopping of the exposure and the discovery of the disease. What they are talking about is the length of exposure to the dust.

**Senator ALLISON**—Not at all. This says:

Chronic —this is the most common form occurring over 20-40 years after long-term exposure …

**Dr Bisby**—I am sorry. I do not think that is what it means.

**Senator ALLISON**—I think we need to have the Dust Diseases Board to answer those questions.

**Dr Bisby**—Exactly. But what they are describing, if we read from the bottom upwards, is that acute silicosis can happen with two years of high exposure.

**Senator ALLISON**—I understand. In your industry, which is typically found: chronic, accelerated or acute?

**Dr Bisby**—None. There is just none.

**Senator ALLISON**—We are talking sandblasting here. This is all about sandblasting, is it?

**Dr Bisby**—No. The Dust Diseases Board of New South Wales is basically talking about hard-rock mining, but this applies to silicosis generally. It applies to silicosis arising in any situation. These are just terms of convenience for describing it. The actual biology of it is fundamentally all interconnected. In other words, these are not mutually exclusive things. They have actually spelt it wrong, but spelt the correct way, you can get acute silicosis after very short-term exposure. In other words, you can get it in two years if the exposure is very high.

**Senator ALLISON**—That is what that says, yes.

**Dr Bisby**—When we are talking about the seven-year period, or the 10- to 20-year period, that is latency, not exposure, which is a totally different thing.

**Senator ALLISON**—I understand entirely, but I come back to the point that chronic silicosis is the most common form and that its latency period will be up to 40 years.

**Dr Bisby**—This has nothing to do with the latency period. I just completely disagree. The commonest form of silicosis is the man who works in an industry for 40 years and then is discovered to have silicosis. That is the chronic form. That has nothing to do with the latency period, which is the time interval between the cessation of the exposure and the sudden appearance of the disease.

**Senator ALLISON**—You may be right, and we will put this to the Dust Diseases Board, but it is quite clear what it means, in my view:

… this is the most common form occurring over 20-40 years after long-term exposure to low and moderate levels …

'After' means 'after', as far as I can see.

**Dr Bisby**—The English is not correct in their submission.

**Senator ALLISON**—The meaning is not correct, in your view? Is that what you are saying?

**Dr Bisby**—We will come back with a written position, I think. But in our industry there is no type of silicosis—this is the real point—neither acute—

**CHAIR**—When you say 'our', that is in terms of these witnesses—is that right?

**Dr Bisby**—The CCAA—

**CHAIR**—I just wanted it clear.

**Dr Bisby**—That includes things like sandmining and—

**Mr Slattery**—It might be useful to come back with a written position explaining exactly what the references were.

**Senator ALLISON**—Can I just expand on where I am trying to go with this question. We have had a situation where the standards of exposure have dropped markedly. So it seems to me that there may well be people in the industry who were exposed to higher levels than we now agree are safe in your industry and who may still emerge 40 years after the end of their exposure—or even at the beginning of the exposure, Dr Bisby, or whatever it is that the Dust Diseases Board means to be saying here. Is there still the likelihood that workers in your industry will be discovered to have chronic silicosis?

**Mr Slattery**—I think I understand what you are asking. We will come back to you with a view. It will not necessarily be consistent with the position that you might have received.

**Senator ALLISON**—Also, there are those three kinds of silicosis, but there is also silicotuberculosis. That is a rare condition, but I understand that it is still the most common complication of silicosis, according to the Dust Diseases Board. Lung cancer is increased for those people who are exposed to silicon. Could you indicate what sorts of records are available in those areas too? The other question I had was about occupational asthma. There are over 200 substances known to cause occupational asthma. Is the dust from your industry one of those? This is not reportable in the same way as silicosis, as I understand it, but what records do you keep and what is the rate of incidence like?

**Dr Bisby**—Silica does not cause occupational asthma. It is not in the recognised causes of occupational asthma.

**Senator ALLISON**—Are there no substances in this industry which cause occupational asthma? As I understood it, this is even an issue for those people who live around cement industries. The reason the emissions standards have been reduced over time is because of asthma and other respiratory problems for those living in the immediate environment.

**Dr Bisby**—The occupational standard?

**Senator ALLISON**—I am talking about exposure standards for residents in the immediate area.

**Dr Bisby**—The EPA standards?

**Senator ALLISON**—Correct.

**Mr Slattery**—We will have to come back to you.

**Dr Bisby**—I think we will need to come back to you on that. Basically, the cement industry has other things apart from silica. That is probably the short answer. But I think we should probably come back to you in writing about that.

**CHAIR**—I think the evidence has been particularly helpful. A couple of things have come out that we had not heard before, so that is very useful. Thank you very much. We appreciate your attendance both today and yesterday.

[10.20 am]

**FRASER, Mr Lindsay James, Assistant National Secretary, Construction and General Division, Construction, Forestry, Mining and Energy Union**

**CHAIR**—I welcome you to the hearing. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. The committee prefers evidence to be heard in public. Evidence may also be taken in camera if you consider such evidence to be of a confidential nature. We have before us your submissions, because we received some supplementary information this morning. I know you will translate that title for us. I invite you to make an opening statement, and then we will go into questions.

**Mr Fraser**—I have had 40 years experience in the building and construction industry, with 21 of those years as a building worker in all kinds of construction right around this country and the last 19½ years as an official of the CFMEU. During this period I have represented the CFMEU and the ACTU on all kinds of NOHSC and ASCC—as it is now called—committees. I was on the committee that dealt with silica exposure. I am on the committee to deal with synthetic mineral fibres. I am actually the chairperson of the Insulation Wools Research Advisory Board.

I work in collaboration with major employers, one of whom is CSR, who do not seem to share the views of the mining or quarry industries that there is no problem with silica. I have just completed a video with them that I appear on warning workers of the dire consequences of exposure to crystalline silicon and warning them to take all the necessary precautions. I made the same kind of video a few weeks ago with the Australian Wood Panel Manufacturers Association dealing with the issues of wood dust here in Australia. I believe, even though I am not a medical practitioner like Dr Bisby, that I am well qualified to make a submission on the issue of crystalline silica exposure and the problems that causes to workers.

Yesterday, when I was pondering today's hearing, I thought about what would be some good evidence to give you while I was here. I dug out a copy of the abstracts from the world seminar on silica exposure, which is held every three years. This particular one was held in Italy in 2002. I have merely done the first of the extracts. You will see if you look at them that I have marked with an X the extract from Dr Goldsmith, one of the world's most renowned scientists dealing with the issues of lung diseases and silica. You can read that at your leisure.

What he says there is that the science says that silica exposure causes cancer. That is accepted by IARC; it is accepted by NIOHS, the governing body in the United States; and it is accepted by other bodies. So I dispute the evidence that there is now equivocation on that. It is accepted by the world's medical and scientific professions that it is a carcinogen and that it can lead to a horrid death. I heard reference before to silicotuberculosis. My maternal grandfather died of that. He was a factory bricklayer who died a horrid death at a sanatorium at Waterfall in Sydney because of his exposure to silica. My sister's father-in-law worked at Punchbowl Brick and Pipe in Sydney, a very large organisation. I watched him die a death you could not imagine. He walked around carrying an oxygen bottle with him because of his exposure to silica. So I believe I am quite qualified to have a talk about it.

We put in a submission, which you have with you today. I would just like to summarise it before we get into questions and answers. You all know what crystalline silica is and where it is found, so I do not have to go over that. The health effects of exposure to crystalline silica—the chronic classic silicosis—occur after 15 years of moderate exposure. I have a book with me today which contains the current science—I only brought one copy because I did not want to have to photocopy the whole lot. You can read in that reports from all around the world. The science now says that once you have been exposed you run the risk of, at a later date, coming down with silicosis or perhaps, in the worst scenario, with a cancer. Chronic classic silicosis occurs after 15 to 20 years of moderate to low exposure. Accelerated silicosis occurs after five to 10 years of high exposure. And acute silicosis occurs after a few months or as long as two years following exposure to extremely high loads of silica.

In the paper I handed out earlier, the first abstract is about a study done in Italy. After the Depression, Italian migrants went right around the world and worked in all kinds of arduous, dirty jobs. Then they all went back to Italy and died of silicosis. It is a dreadful thing. In the United States, in what they call the 'Hawks Nest disaster', hundreds of people died in building a tunnel, because there was not proper control. In the quarry industry, which is under the mines department, there may be inspections and monitoring on a regular basis. I cannot argue that, because it is not my sector of the industry.

I deal with construction and the manufacture of brick, tile and pottery products—we also cover those workers so we have a brick, tile and pottery division. In our construction industry, there is no monitoring whatsoever. There is a standard which has just been set. As I said earlier, I was on the committee that worked to set that standard. It was set at 0.1 milligrams per cubic metre. The rest of the world has a standard of 0.5 milligrams per cubic metre, and the science everywhere recommends that level. It was 0.2 milligrams per cubic metre here. But despite all that we lowered it to 0.1 milligrams per cubic metre. The people that complained most bitterly about that were the mining industry. It is all right for the mining industry—they work in a controlled environment. Our members do not. Our members work out on building sites.

On the way here this morning, at the corner of William Henry Street and Wattle Street, I passed a massive excavation going on in one of the old wool stores. You cannot see across it. The dust is absolutely everywhere. As a matter of fact, I rang our New South Wales branch OH&S officer to get him to get WorkCover to go down there and do something about it. There is no monitoring by law in any state of Australia on construction sites. There are no records kept. Nobody knows who has been affected and who has not. In my submission I talk about accurate diagnosis. I say:

> The medical profession was for many years reluctant to accept white asbestos (Chrysotile) as a carcinogen or cause of lung disease. There is an urgent need for an effective education program to ensure this is not repeated with crystalline silica.

I listen to doctors. I went to a seminar on asbestos about three years ago here in Sydney. A world-renowned doctor got up and said that chrysotile will not hurt you and that that is a furphy perpetrated by the unions to try to attack employers. I am not here on a political issue today. I am here talking about the health and welfare of the Australian workers that we all represent. It is not a party-political issue. There are doctors who say that. There are also doctors that say that smoking will not give you lung cancer. But all the world-renowned epidemiologists say that

exposure to crystalline silica is dangerous and will injure you. If you are able to get hold of this paper, you will find it makes very interesting reading to see scientists from right around the world agreeing on what a terrible problem it is. Getting back to my submission—

**CHAIR**—Is it available on the internet?

**Mr Fraser**—I would hope that it is. I am not sure.

**CHAIR**—We will check with Christine to make sure. If anyone will know, she will.

**Mr Fraser**—I have no problem with that. There is no availability of records now. The Dust Diseases Board here in New South Wales tell me that they get 200 new cases a year. I have just heard evidence that no-one has developed it all around the country for years and years. The Dust Diseases Board here get 200 cases a year, and those are the ones that are actually accurately diagnosed by the medical profession as having silicosis. They are not being told, 'You used to smoke when you were younger—you probably have lung cancer,' or, 'You've got pneumonia,' or whatever.

We believe most sincerely that what has to be done is that the regulators have to enforce the standards that are available now. Even though we do not agree with the 0.1, it has to be enforced. It is not enforced now in the building and construction industry. Nobody goes around and monitors. It is only if our members contact us and we complain that we get WorkCover down to the site and WorkCover will try to do something about it. The reality of life on small building sites is that workers are scared to complain. They worry that, if they complain, they are going to be put off. We will not go into all of the side story there with the industrial relations. You have this situation where people are going to be exposed. There is no monitoring regime and there are no records kept of it. Doctors are unsure of it. We believe that you must have the regulators enforcing it.

There should be a register kept of workers exposed to crystalline silica dust. This should also include screening. I worked at one time in the mining industry in Western Australia as a rigger—I am not a miner. We had to get an X-ray and a mining certificate and we had to have ongoing X-rays. None of our members get that. They are probably more exposed here in Sydney in particular, where we are situated on a big shelf of sandstone. Every excavation here is done mechanically in sandstone. Theoretically, it is all wetted down and there is no dust. But when you go out and have a walk around, or when you go out to have your lunch today, pop your head over a fence on one of the sites and just have a look at how much dust you see floating around.

The Australian Safety Compensation Council, the ASCC, has got to coordinate a tripartite crystalline silica awareness campaign aimed at employers, workers and the medical profession. We have started that. We have done the video with CSR—and we will spread that far and wide to all of our people—explaining to them what can happen to you if you take a risk with your life. You are all mature people and you understand that people probably under 35 have no grasp at all of mortality. When you try to tell them that they are hurting themselves by speeding in their motor cars or exposing themselves to crystalline silica or taking risks of falling from heights et cetera, they look upon you with disdain and say, 'You're trying to be a bit too authoritarian.'

It is the responsibility of the government to protect these people from their own stupidity. We can only do that if we have a fair dinkum look at the problem. The problem is there. I do not believe that anyone can dispute the problems caused by crystalline silica. It is out there in our industry. People are being exposed to it. There is a need for a much better regime to control and monitor it and keep records on it. The keeping of records in Australia is abysmal. NOHSC in its statistics only lists compensatable injuries. That means that people have to actually make a claim to a workers compensation board in one of the states before they are recorded as having an injury or an illness.

I am on another NOHSC committee dealing with falls from height. The housing committee complained and had it split into a commercial and residential one. The findings of NOHSC were that they believe that only 25 per cent of all accidents and injuries in the housing industry are reported because the rest do not go to workers compensation. I am just saying that to you—and it is there in black and white in NOHSC's stuff now—to show that the statistics that are available are not good enough. We do not know how many people in Australia suffer from silicosis or are dying from it. You only know if they go to the Dust Diseases Board here in New South Wales or to an alert GP who asks them, 'Have you ever been exposed to dust?' So we really need that record keeping to be fixed up.

I will just finish on another note—namely, the nanoparticles. Our fear with nanoparticles is that it is a whole unknown area. The science on it is very limited. We are aware that a nanoparticle is smaller than a cell. It can infiltrate the cells in your body. It can be absorbed through your eyes, mouth or skin into your bloodstream. I believe there is a need for NOHSC to have a look at that. NOHSC has been a bit lax over the last few years on research. I think that really the government should have a look at it. I am not being alarmist about it but it is there. It is something that we know nothing about. I think that we have an obligation to have a close look at it and see whether or not it does any damage. I will leave it at that.

**CHAIR**—Thank you, Mr Fraser. Could you give the committee members copies of the video you have recently done as part of the awareness campaign?

**Mr Fraser**—Yes, sure.

**Senator HUMPHRIES**—You said that you have done a video with CSR.

**Mr Fraser**—Yes.

**Senator HUMPHRIES**—What does CSR stand for?

**Mr Fraser**—Colonial Sugar Refinery. They are one of the biggest product manufacturers in Australia. Boral and CSR are the two big manufacturers of building products.

**Senator HUMPHRIES**—So they are in the building industry these days are they?

**Mr Fraser**—They have their own quarries and they deliver stuff, provide concrete, et cetera.

**Senator HUMPHRIES**—CSR do?

**Mr Fraser**—Yes.

**Senator ALLISON**—And they still make particle boards.

**Mr Fraser**—Yes. They particularly wanted to talk to us because of the lightweight concrete panels that they are developing. They are cut on-site and they create a massive amount of dust, so they have all kinds of control measures. But whilst they are dealing with that they go through the whole issue of silicosis.

**Senator HUMPHRIES**—I am trying to get a picture of where the trouble spots are across Australian industry for exposure to silica dust. We have been told about wood manufacturing and wood based processing as one source of problems. You have a list of occupations most exposed to crystalline silica on page 3 of your submission. Would you identify each of those as being a problem area in present-day Australian industry? Is there any sort of ranking involved in that list?

**Mr Fraser**—No. Each and every one of those has the potential to release fractured crystalline silica particles into the air for ingestion.

**Senator HUMPHRIES**—My question is not about who has the potential. Who is actually engaging in practices at the moment which expose workers in those fields?

**Mr Fraser**—All of those. There are regulations that cover them. But our submission is that those regulations are not enforced. If you go into one of the big building sites here in the city, which is unionised and has an occupational health and safety committee, you will find that it would be the exception to find significant contamination from dust. If you go to a smaller site, you will see it everywhere. You will see them chasing out brickwork to put the electrical cables in—dust in the air. You will see them concrete cutting—dust in the air. You will see them jackhammering—dust in the air. If we are there we try to stop it. But we cannot be everywhere all day every day.

**Senator HUMPHRIES**—You talk about building sites that have a lot of dust, like the one you passed this morning, and, as you mention in the list, sweeping concrete floor slabs. Those activities would throw up a lot of dust, but wouldn't that dust be of the common or garden variety, if you like, of fine particles of airborne dirt?

**Mr Fraser**—No, not at all. As concrete slabs cure, they exude crystalline silica.

**Senator HUMPHRIES**—And that is lifted into the air by the sweeping process?

**Mr Fraser**—Yes. There are control measures. On a properly regulated site there would be wet sweeping. They wet it so that they do not put dust in the air.

**Senator HUMPHRIES**—But is there any evidence that dust in that form is harmful to health?

**Mr Fraser**—Yes; certainly. If it has silica in it, it is harmful to your health.

**Senator HUMPHRIES**—On page 4, in your conclusions, you say, 'There is no compulsory screening of workers in high risk occupations'—which I assume are the ones you refer to on page 3—

**Mr Fraser**—Yes.

**Senator HUMPHRIES**—'or registers of exposure, except those compiled by unions.' Does your union compile a register of exposure at particular sites?

**Mr Fraser**—Yes, we do. Where we have absolute proof of exposure we work with our workers health centres in the various states and the Dust Diseases Board here in New South Wales to compile registers of people who have been exposed to asbestos, silica et cetera, which will give them a chance later on in life of getting compensation if they develop a problem.

**Senator HUMPHRIES**—Is it possible for you to table—not necessarily today but at some stage—some of those registers so that we can see what you would suggest is the nature of the problem on some building sites, for example, around Australia at the moment?

**Mr Fraser**—I will speak to our state branch for you.

**Senator CAROL BROWN**—There has been some discussion about lowering the national standard for exposure to 0.05. Can you outline for the committee the benefits of going to 0.05?

**Mr Fraser**—Yes, sure. It is an age-old argument. You get the same argument with the noise exposure standard which is set at 85 decibels, knowing full well that 85 decibels damages your hearing. It should be 80 but people will not drop it because of the cost. It is the same with silica. Science right around the world in Western countries says that the exposure levels should be 0.05 milligrams per cubic metre. We had a research project done here by a couple of scientists in Western Australia, de Klerk et al, who did the gold mining industry in Western Australia and based all their findings on that. It went out for peer group review to the best-known scientists in the world, and they all attacked it and said that the science in it was bad and that the findings were incorrect. That is available from NOHSC. They all said that it should have been 0.05.

Why can't it be 0.05? The mining industry will argue that at 0.1 they do not have a problem. Perhaps they do not have a problem because 0.1 is the level there. But you will find that they work under that anyway because there are control measures. When you are out in the construction industry or the brick, tile and pottery manufacturing industry there are nowhere near those control measures. Therefore they should be lowered to 0.05, as the rest of the world is, and it should be monitored to ensure that that is the level that we work at.

**CHAIR**—I just want to get that argument really clear because it is going to be one that will come up through the discussions. You are saying that where it is 0.1 in industries that have good controls, because of the controlling mechanisms, they tend to keep it below 0.1?

**Mr Fraser**—So our mining division tells me, yes.

**CHAIR**—So it is actually the degree of control that is in place that makes it work, not necessarily just the figure?

**Mr Fraser**—That is right. But the science from the overseas epidemiologists is that 0.05 is the acceptable level. There is no real acceptable level; you should not be exposed to any of it.

**Senator CAROL BROWN**—In your submission you say that some state regulators have produced codes of practice for various tasks that may create silica dust. Can you outline which states?

**Mr Fraser**—Nearly every state would have a code for various work practices in the industry. When jackhammering you are supposed to have water jackets on and control. When you are chasing out or wetting down for concrete cutting et cetera you are supposed to have dust extraction bags on the chasing out equipment. These are all well and good but they are not policed.

**Senator CAROL BROWN**—That was my next question. In those codes of practice is there any monitoring suggested?

**Mr Fraser**—No, there is not. Nearly every WorkCover authority in Australia now has adopted the policy of no proactive work by their inspectors. Inspectors are told specifically that they are not to go around to building sites at random and have a look; they are only to respond to requests from employers or employees or members of the public.

**CHAIR**—And that is on evidence provided to you? You have been advised of that?

**Mr Fraser**—That is fact. I deal with the WorkCover authority all day every day.

**CHAIR**—And they have told you that that is their current policy?

**Mr Fraser**—Yes.

**Senator POLLEY**—In light of the proposed industrial relations changes it becomes more of a critical issue then, doesn't it? Workers employed in those industries like the building industry are not going to complain.

**Mr Fraser**—That is right.

**Senator POLLEY**—So therefore we need regulation and we need more monitoring.

**Mr Fraser**—We most certainly do. The more you move to deregulation of the industry the more you are going to need to have the bodies put in place to protect the welfare of the work force out there who are actually doing their job, and they need regulation to do it.

**Senator CAROL BROWN**—When monitoring is conducted by a union or regulator asking someone to come out and do that, can you tell us the sorts of things they have found when they have got to the work sites?

**Mr Fraser**—They come out and they find dust all over the place and they issue an improvement notice. That is their form. They say, 'Here's an improvement notice.' In

exceptional circumstances they will issue a prohibition notice, which means you have to stop work immediately.

**Senator CAROL BROWN**—How often would those exceptional circumstances occur?

**Mr Fraser**—With the job that I saw this morning I should imagine that the workplace inspector would say, 'You have to cease work immediately and wet down all of the area before you start excavating again.'

**Senator ALLISON**—You mentioned insulation fibre in your opening remarks as being one of the committees that you were on.

**Mr Fraser**—That is correct.

**Senator ALLISON**—That is not on your list of various problematic exposures, is it?

**Mr Fraser**—No, it is not. There have been a lot of arguments about synthetic mineral fibre. The science now is that it is not a carcinogen. It is an irritant. It exacerbates asthma and bronchitis and other issues. It gets in your eyes. Dust damage will give you rashes. We have agreements with the industry on that. A training course is run and there is a code of practice for the safe use of the product. There were arguments before that it was a carcinogen. There was a German scientist named Potts who argued that it was. The truth finally came out that he had been directly injecting the fibres into the stomach cavities of the rats and that caused the cancer. Other scientists who I have spoken to about it said that it would not matter what they directly injected into your stomach in that quantity, you would finish up with stomach cancer.

**Senator ALLISON**—Does the 0.05 standard which you said applies in other countries apply in all other OECD countries? I do not recall in our submissions seeing a list of the countries that have that as a standard. Are you able to provide that?

**Mr Fraser**—I can dig it out.

**Senator ALLISON**—Or you can just tell us. Is it most of them?

**Mr Fraser**—As I understand it, the European Union countries work at 0.05 and the United States does.

**Senator ALLISON**—And the UK?

**Mr Fraser**—The UK is part of the European Union, so that is the standard there. They work on the same standard.

**Senator ALLISON**—You drew attention to the problems with records in the building industry. One can see why—people move from one site to another and work with one builder and another. The contracting arrangements are very complicated and they are dispersing workers all of the time. In your experience, do workers who are likely to be exposed—say, concreters or people working directly at high risk—do a lung test of any sort or an X-ray or that other thing I can never pronounce which tests lung capacity? Does that typically take place for those workers?

**Mr Fraser**—No.

**Senator ALLISON**—Do you advise your workers to request it? If they do, what happens?

**Mr Fraser**—We do not, no. We say to members that they should work to our codes of practice and not be exposed. There is nowhere for them to have a repository. If they do the lung test and they get an X-ray, they have to keep doing it. They have to be done on an ongoing basis. There has to be a repository for it. We did a morbidity study with a synthetic mineral fibre. It was a 10-year study of all of the manufacturers. Those records are all now with the School of Respiratory Medicine at the University of Sydney. But we do not do that—we tell our members not to be exposed.

**Senator ALLISON**—How do your members know when they are exposed? What does 0.05 or 0.1 look like? Once it gets down to 0.05, my guess is that it is hard to detect. Would that be right?

**Mr Fraser**—Yes. In all honesty, 0.05 is about as far as you can accurately monitor. There was an argument when I was on the committee—some people wanted to go to 0.04. At that conference, I spoke to the overseas scientists about it and they said that, really, you cannot distinguish between 0.04 and 0.05. But 0.05 shows that there is silica there that you are being exposed to. That is why you should keep it down to that as a maximum.

**Senator ALLISON**—With the site you talked about walking past where you could see the dust billowing across, what would that be likely to be?

**Mr Fraser**—I am not a scientist, but I would say 0.4 or 0.5.

**Senator ALLISON**—Effectively you are asking workers to make those judgments themselves, aren't you?

**Mr Fraser**—No. It is pretty easy to see. If there is dust everywhere in the air you know there is a pretty fair chance that you are going to be exposed.

**Senator ALLISON**—What does dust look like if it is at a level of 1?

**Mr Fraser**—You cannot see it.

**Senator ALLISON**—Not 0.01, but 1.

**Mr Fraser**—At 0.1, you will not see it.

**Senator ALLISON**—No: 1

**Mr Fraser**—You would see dust in the air. I am not a scientist but I would say that at that level you would see it.

**Senator ALLISON**—At what point don't you see it?

**Mr Fraser**—That I cannot answer. As I said, I am not a scientist.

**Senator ALLISON**—I am sorry to press this point, but don't you think it is important that workers know when they should be phoning you up and saying, 'I can see this dust,' and when they should understand it is reaching the regulatory level—the cut-off point?

**Mr Fraser**—What we say is that there should be monitoring. That is why we are arguing for the monitoring. In any of the high-risk occupations there should be monitors there, and if it goes above the level the work should stop.

**Senator ALLISON**—Do you close down the site if there are no monitors?

**Mr Fraser**—We cannot do that any more. No, you cannot do that because the law does not say you have got to be monitored now. So you cannot close the site down if there are no monitors.

**Senator ALLISON**—Because the regulation of monitoring is voluntary?

**Mr Fraser**—Yes.

**Senator ALLISON**—Do you recommend that it should be obligatory—that it should be mandated?

**Mr Fraser**—Yes, we do. You would have to sit down at the NOHSC level and work out a regime, which is what I put down in our recommendations about what would be a fair regime of monitoring: whether you would need to monitor sites every three months, whether that is not good enough and it should be one month—there would have to be a lot of debate over that—or, in certain high-risk occupations, whether it should be permanent monitoring.

**Senator ALLISON**—Is there such a thing? Can you get a device that you stick in the ground, that—

**Mr Fraser**—Yes.

**Senator ALLISON**—Why can't we have lots of those?

**Mr Fraser**—That is what I would like to know. It is pretty easy. It is not rocket science, putting monitors up. I think you had the hygienists here yesterday and they will tell you it is not difficult to monitor. With asbestos removal there is monitoring every day. It is a permanent thing.

**Senator ALLISON**—Could it be something that the workers take a direct interest in? For example if you are in an area where radioactivity is an issue you wear your dosimeter; could you foresee a situation where workers themselves have an item on them which rings alarm bells when the dust is too thick?

**Mr Fraser**—That is not beyond the realms of possibility. We cover the workers who work in the Zinifex zinc refinery in Hobart. Part of the process there involves sulphuric acid and they

have constant monitoring there. When the sulphuric acid level gets to the action level—not the dangerous level—alarms are sounded and the workers vacate the area.

**Senator ALLISON**—And that could be done with silica as well?

**Mr Fraser**—Yes, there is no reason why not.

**Senator ALLISON**—That is interesting, thank you.

**Senator HUMPHRIES**—Is it more expensive to monitor exposure levels the lower that you go?

**Mr Fraser**—No, there is no difference. The same scientific process is used to determine the concentration.

**Senator HUMPHRIES**—The same machinery can do it, in other words?

**Mr Fraser**—Yes.

**Senator POLLEY**—We heard evidence yesterday about health monitoring, and whether or not that data should be available to employees as well as employers and whether it is transportable. If you come from the mining industry, for instance, where they obviously have some pre-employment health checks, and then go into the building industry, the data may be transportable. People can take it with them. Would you like to see that happen, whereby people in the areas that you cover have pre-employment health checks that are portable, so that employees take the results from one worksite to the next?

**Mr Fraser**—Most definitely. We agree with that and have always agreed with that. It is the same with hearing testing. You should be tested before you start work and that should show what the levels are. Then if it deteriorates you have got a case to be compensated for it.

**Senator POLLEY**—For the benefit of the committee, can you outline the areas of health screening that you would advocate in the interests of those working in the industry?

**Mr Fraser**—Yes. We say that workers in any of the higher risk parts of the industry should be given a lung function test and an X-ray at the start and, as I had to do to work in the mines in Western Australia, have another X-ray every couple of years. With silicosis, the X-rays do not always show it, but at least if it has started it will be there.

**Senator POLLEY**—In terms of compensation, given the time frame for the development of the disease and the fact that there can be a significant period of time before someone can be accurately diagnosed as having the disease, would you like to see any changes as far as the law is concerned?

**Mr Fraser**—Only to the extent that you have the monitoring there, so you are going to have proof later. If you do take ill later in life, there might be questions raised about where you might have developed that problem if, for example, you spent five years in the industry and then left. Take a carpenter as a good example. A carpenter might spend five years exposed to dust on

building sites, then go and work at Bunnings or one of the big hardware stores for the next 10 or 15 years, and then suddenly develop a lung problem. There are going to be all kinds of arguments about where that person might have developed that problem. But if there is the record of the fact that they have worked in a high-risk industry and they had a medical record prior to beginning work then they would have some pretty decent proof of where their silicosis would have come from.

**Senator POLLEY**—We have also heard evidence on wood dust, and obviously it is within our brief to look at that. Knowing that your union covers the timber industry, wood dust would obviously be of concern to you as well. Can you give us any evidence as to those people who are exposed within the industry or from working in sawmills?

**Mr Fraser**—It is very hard. We have a very strict regime with wood dust. It is a much stricter regime than there has been with exposure to silica. Since the introduction of MDFs, we have cutting rooms on the sites now with extraction gear in them—

**CHAIR**—Just for the record, could you tell us what MDF is?

**Mr Fraser**—Medium density fibreboard. Since that has been introduced, there have been all kinds of problems associated with it. There is a formaldehyde problem that has been dealt with here in Australia. We have the lowest formaldehyde emission of anywhere in the world—that is by agreement between the manufacturers and ourselves—although imported products come in that are not very good, especially those from Indonesia. But wood dust is a known carcinogen. Nobody has ever argued it is not. The employers know that. The manufacturers know that. There are all kinds of regimes set up for when you are cutting hardwoods, about the extractors and the cutting rooms, so we do not see that as quite the same problem as silica.

With silica, every trade on the site has the potential to expose other workers to silica, because every trade cuts, drills or chips concrete, bricks, marble, et cetera. So the potential is there the whole time. With wood dust, we certainly insist on the code of practice being adhered to. We would not object to occasional testing for that either, but that is a slightly different issue.

**Senator POLLEY**—We have talked about some of the serious illnesses in relation to toxic dust, but have you got any evidence from the industries that you cover as to the effect of toxic dust on asthma? Air quality and particles going into the air is of major concern to me and the other people from my home town, and asthma is chronic in northern Tasmania. So I was wondering whether, in the industries that you cover, you have any evidence of toxic dust and its impact on people suffering from asthma or other respiratory disease.

**Mr Fraser**—I know NOHSC has done some work on that, and I think the Health and Safety Executive in the United Kingdom has also done some work on it. I think I also read the other day something from the Americans, where they had done a study showing that certain occupations exacerbated industrial asthma. But, no, I personally have not got that information.

**Senator CAROL BROWN**—In evidence we heard yesterday, after a discussion about sandblasting being banned in Britain, one of the witnesses suggested that, in his view, there were no changes made to health and safety measures here in Australia because the unions were too

powerful. Now, I did not really understand, and I really could not elicit from him, what he meant by that, so I wonder whether you have a view on those comments.

**Mr Fraser**—It seems a bizarre statement. Was the statement, if I understand it correctly, that the changes to the OH&S laws here in Australia never took place because of our influence?

**CHAIR**—We are asking anyone representing a union that question because that statement was given publicly in evidence yesterday.

**Mr Fraser**—I can tell you now.

**CHAIR**—I refer you to the *Hansard* to see the exact comment.

**Mr Fraser**—That is all right. I believe you; I do not dispute anything anyone is saying. But it is very bizarre because we are the ones who have lobbied for the banning of sandblasting here in Australia, and I think it is banned in nearly every state now. You cannot blast with sand.

**CHAIR**—I refer you to the *Hansard* from yesterday, and you may choose to make further comment.

**Mr Fraser**—Yes, certainly. All kinds of bizarre statements are made. You only have to read the transcript of the Cole royal commission, and you will see that it is like Abbott and Costello.

**CHAIR**—As there are no further questions, Mr Fraser, would you like to make any further comments?

**Mr Fraser**—In conclusion, I reinforce what I said earlier. Because of the nature of the building and construction industry and the manufacturing part of our industry—brick, tile and pottery—there is a potential for a heavy exposure to crystalline silica. We believe that the government via the ASCC should work to set up a regime of testing, record keeping and education to protect workers in these industries.

**CHAIR**—Mr Fraser, thank you very much for appearing today and we apologise for keeping you waiting.

**Mr Fraser**—That is all right. It is a very important issue; it is worth it.

**Proceedings suspended from 11.01 am to 11.18 am**

**DONNELLY, Mr Peter Neville, Chairman, Somersby Action Committee**

**DONNELLY, Mrs Ruth Elizabeth, Secretary, Somersby Action Committee**

**MORRISON, Mrs Glenys Nola, Committee Member, Somersby Action Committee**

**MORRISON, Mr Kenneth Hedley, Committee Member, Somersby Action Committee**

**CHAIR**—Welcome. Do any of you have anything to say about the capacity in which you appear?

**Mrs Morrison**—I am a disadvantaged landholder living next to a sand mine.

**Mr Morrison**—I am also a disadvantaged resident adjacent to a sand mine.

**CHAIR**—I know that information on parliamentary privilege and the protection of witnesses and evidence has been provided to your group. The committee prefers evidence to be heard in public but evidence may also be taken in camera if you consider such evidence to be of a confidential nature. As you are a community group, I will point out that we have representatives from other areas and industry. This is a public hearing, so they will be able to respond in supplementary evidence to any comments you make. I am sure you know that, but it is good to have it on record. The committee has before it your submission, which is numbered 6, so it was a very early one. I now invite any or all of you to make an opening statement and then we will go to questions.

**Mr Donnelly**—I will explain how we got interested in silicosis because this is a Senate inquiry into exposure to toxic dust. We formed a committee to oppose a proposed sand mine at Somersby. It is the third time it has been proposed. There have been previous committees before. I originally got involved because I run a wholesale plant nursery and there are big problems with water as well. I will not go into that but we got involved because we need water for the nursery and when you put a sand mine in they lower the watertable. The watertables are dropping all the time due to all sorts of industry, so we got involved because of that. When we started to look into the effect of a sand mine, silicosis came up in our research. That is how we got involved with silicosis. We started to get as much information as we possibly could on it and it started to become quite an alarming issue.

We know that certain industries expose their workers to dust which has silicon dioxide in it, which is the ingredient which causes the lung problems. It started to become apparent that not just the workers within the workplace are exposed to the dust but also the outlying residents. None of us are exposed in our workplace but we do live near this proposed sand mine. Ken and Glenys actually live right next to one and they will talk about their experiences and their exposure to dust. That is our interest in it. We are very concerned that this sand mine proposal is right next to a public school. It does not seem to be a problem to them to put a sand mine right next to a school which will be in a direct line to the sand mine.

We see it as being a public health risk that this sand mine will be next to a school and residences, because the sandmining operation causes a lot of sand dust to be created. In the process of ripping the sandstone, they have to use bulldozers and rippers and it creates fine dust which is the problem. It will cause a big problem to the school and the residents around. We know that silicosis is an issue because quite often people who work in those industries have to have the proper respiratory equipment, but there are no guidelines for people who live near a sand mine who are also exposed to the dust. So we are very concerned about that as well. It is right near a school, which is a big problem. From what we have found in our research, the issue of outlying populations around these mines and quarries is just starting to become a big one. There have not been any guidelines set as to how close these sand mines and quarries can be to existing populations. It seems ridiculous to us that there are no guidelines in place at all. A sand mine, for instance, can be put right next to a school. A quarry can also be located next to a school or in the middle of a fairly densely populated area, exposing people to the risk of all sorts of lung diseases and other respiratory problems due to the dust.

We would like to see the Senate inquiry—not this inquiry; it is probably too late—include not just the people in the workplace who are exposed to the silica dust but also the outlying population. We would like to see the Senate committee of inquiry consider some guidelines as to how close these mining operations should be to an existing population or a school or any other group of residents. At the moment there is nothing in place and these people are having their health put at risk. So that is my introduction. I will let Ken and Glenys give their experiences, because they live right next to an existing sandstone quarry from which sand is also ripped and a lot of dust is created. You will hear from them what it is like to be living next to a sandstone quarry and what sorts of health problems they experience as a result.

**Mrs Morrison**—We have been thrust into this the same as Peter and Ruth. We live at the next public school up the road, which is about 10 kilometres away or something like that. The school is directly opposite us. Peats Ridge is an area with a lot of deep valleys and a lot of ridge top land with fairly small areas of land that have been used for citrus growing and poultry production and nurseries. There is not a great amount of land and not very big landholdings. This area has now been classified as an area to extract sand and sandstone so we have a couple of very large quarries situated down on the edges of these valleys. They may have one or two neighbours but they have generally bought up a lot of land surrounding them and they are down in the valleys.

We have lived there in our situation for 30 years. We moved up there because of the beautiful clean environment. The old gentleman who owned the property next to us apparently had a little excavator that he used to extract a bit of clay shale out of the ground. He ran that for 15 years and we never knew that he was even doing that. Apparently, as it was classed as quarrying, the next owner then was able to put in a full-scale sand mine. It is in the most ridiculous situation where it is surrounded by about 20 houses, a church, a medical centre, food processing factories and a public school. They are all around this quarry. As it is not a very big quarry there is regulation concerning the governing body of such quarries and they did not all come under DIPNR, as is now going to be the case. Because it was only supposed to extract less than 30,000 cubic metres of sandstone in a year, it got classified as being under the direction of the local council. The local council apparently gave approval for this site and looked at an environmental impact statement for it.

As a next-door neighbour, we were never notified. When our health started to suffer and various things became unbearable for us in 2004, we complained to council and finally received copies of the EIS and the development applications. We found that nothing had been complied with. The directives that the quarry could not start operating until all these conditions were met had not been followed. They had not done any of the basic things. The environmental impact statement was made up to suit the applicant. It is paid for by the applicant and everything in it reflected favourably on this quarry and ignored other things completely. Our property, which is the most directly affected, was not even mentioned. We are to the east of the quarry and they did not even put anything to the east in the whole of the environmental impact statement. Without going into all the personal wrongs about the development, we are very severely affected by the dust from the site. We have got all the usual eye irritation all the time from all the dust. We are in the predominant direction where the wind blows, so we get the dust dumped on our place most of the time. The noise and dust and diesel fumes are quite terrible.

We look straight into the mouth of the quarry. There is no screening wall, no bunding, nothing to protect us from the site. We keep the windows and doors closed because the dust penetrates everywhere. I have to wash the clothesline before I hang washing out. Our barbecue area is not usable because it is covered in dust. The pool is covered in dust. Our drinking water comes from the roof. So we are very severely affected by this site. I think there need to be some guidelines as to where these quarries are placed. This one is far worse by most others in the area, in that it is surrounded by dwellings. It should never have been allowed there in the first place, and probably would not have been if the environmental impact statement had been honestly prepared.

**CHAIR**—And public.

**Mrs Morrison**—And public. We only got a copy of the environmental impact statement for the extensions to the quarry, and that referred back to an earlier statement which was done before 1990. So we have still not even seen that one. I probably cough all the time while I am speaking because I am not used to it. I cough constantly. Over the last couple of years, I have been getting severe bronchial trouble each year. It seems to pick up at about this time of year because we get a lot of the westerly winds. Yesterday was frightful. It looked like we were in a bushfire. There was dust everywhere throughout our property. Of course, it also affects the public school over the road, which is to the east of the property as well. That is a big concern to me. I would not know if asthma has increased at the school or what, but silicosis might take 15, 20 or 30 years to develop. Without some form of monitoring, cancer will never be associated with this quarry if it not going to be seen for 20 years. All of the kids that have gone to that school, if they have not already got bronchial troubles and asthma, could end up with lung cancer. Ken has a little video which demonstrates all the dust. It is really horrifying. People talk about it but, until you see the video, you do not realise how bad it is.

*A video was then shown—*

**CHAIR**—How recently were these pictures shot?

**Mrs Morrison**—Probably a month or two ago.

**CHAIR**—So they are very current.

**Mrs Morrison**—Yesterday would have been one of the worst days. This is shot from our property; it is not on our property. As I have borrowed the laptop, I do not know how to get the sound. If you could hear the noise—

**CHAIR**—We will imagine the noise.

**Mrs Morrison**—The noise assessment levels in the environmental impact statement, which was prepared in 1993, were based on two items of machinery and a pick-up truck or something. It now lists 21 huge items of mining equipment. The noise levels and the operation of this business are not as they were intended to be. I guess that, whatever regulations the inquiry comes up with, regulations do not mean anything if no-one is going to police them. There were regulations in place, but no-one can handle it. Returning to the photographs, this shot is a—

**CHAIR**—That is the impact of the dust on your—

**Mr Morrison**—To give you an idea, this photograph shows the quarry.

**CHAIR**—The excavated area?

**Mr Morrison**—The excavated area of the quarry. This is our land-holding. We are to the east there—that is us there. I am filming that from here, looking across there. The winds blow from the north-west straight across in this direction, across our property to the school. There is a school there. There are residences there along the road. There is a golf club there and a food-processing plant. There are further residences along this boundary here and more residences here. So it does not matter which way the wind is blowing, the silica dust is actually blowing over those residences from any which way. This mine has increased from something that was operating in a small area up here to something that now has been expanded to the limits of the boundaries.

**CHAIR**—So it has now gone to its absolute limits?

**Mr Morrison**—Its absolute limits. Now, they are just going deeper. Once they go to the boundaries, all they can now do is dig deeper and create more dust. They brought in very heavy mining machinery, which does not reflect the type of machinery mentioned in the EIS. The noise level has dramatically increased. There is an echo all over the top of the plateau from the noise coming from the quarry. But the worst thing is that, by the end of the day, there is a dust haze hanging over that quarry and that shifts, depending on which way the prevailing wind is blowing, mainly over our property but also over the school or the adjoining properties. The dust that you see in the air—and it is quite visible—is not the bad dust. It is the fine particulate dust that you do not see that is carried all over this area. It is the invisible dust that will create a silica problem, lung disease or whatever. This is what is happening.

**CHAIR**—We are looking at an existing mine, and the other issue that you have raised is the proposal to have a new mine. Is that right?

**Mr Donnelly**—Yes.

**Mrs Morrison**—In the same plateau area.

**CHAIR**—You are about 10 kilometres away?

**Mrs Morrison**—Yes. I have also been asked to mention the illnesses that we have developed. I am not trying to impress on you that I might have developed silicosis, but I had very severe bronchial trouble last year: I was in bed for six weeks and I was ill for about three or four months. I had chest X-rays taken, which showed some little, slight nodules on the lungs, and I am having further tests done to monitor those. But, even if it is not silicosis, it has definitely caused a lot of bronchial trouble. We are getting things wrong with us and we are not even able to go outside in the garden or to do the things that we want to do. I am trying not to make this personal, but this committee needs to monitor where these places can be sited—by the way, the owner, who is trying to sell this sand mine at the moment, is dying of lung cancer.

**CHAIR**—The owner of the mine we are looking at? Who owns the mine?

**Mrs Morrison**—Am I allowed to say?

**CHAIR**—Yes. It will be in a public document.

**Mrs Morrison**—Mangrove Mountain Quarries. It is taken care of by Gosford shire council, but there is also evidence that it has extracted more than that 30,000 cubic metres of sand per annum, which then should have been taken over by the EPA or whoever. It should have been under their jurisdiction, and they might have come down on it a bit more heavily. The other thing that I have put here is that environmental impact statements are unfairly weighted to give benefit to applicants. This must be taken care of by appointing fair, unbiased contractors to prepare these documents, instead of having contractors who are employed arbitrarily by the governing body, with a fee charged to the applicant for the service. Alternatively, severe penalties should be imposed on propriety companies that prepare false and misleading environmental impact statements to enhance their employer's development application. There has to be some body that says, 'You are not allowed to say all this stuff.'

With silicosis, lung disease, pulmonary fibrosis, bronchitis, asthma, all forms of pneumoconiosis, kidney disease and rheumatoid arthritis all being attributed as a consequence of breathing respirable silica dust, we hope that this Senate inquiry will recommend that a register be set up to monitor effects upon workers and upon areas surrounding the sites where these developments are approved. Health would need to be monitored for a period of up to 20 to 30 years, to determine whether rates of cancers and the above respiratory complaints increase in subjects exposed to these sites. With the difficulty of carrying out this long-term monitoring, maybe more importance will need to be placed on overseas experience, where it has been proven that communities subjected to breathing silica dust or any fine particulate dust show increased incidence of these diseases.

**CHAIR**—Thank you.

**Mr Donnelly**—Can I just mention that the mining company's solution to the dust problem is usually a very brief statement in the EIS saying, 'We will keep the dust wet.' That is their solution. Obviously if you could keep the whole site wet you could suppress the dust, but it is absolutely impossible to keep a whole mine site wet 24 hours a day. You just cannot do it. That is the answer they put in the EIS—'We will keep the sand wet'—but you cannot. As you can see

from this, it is impossible to keep those big sites wet and to suppress the dust. You just cannot do it.

**Mrs Donnelly**—In conclusion I would just like to quickly read out the committee's concerns on this topic. To briefly introduce you to the proposal that we have before us, it is a 29-hectare open-cut sand mine. That is a large area. The proponents are Somersby Fields. They are a partnership of three people. They used to work with and I think they are still connected to large mining companies. One member of the committee, who wanted to come today but was unable to, is named Bev Ferrier. She has lived for many years next to a small quarry called Rindean sand mine, which is about four kilometres away from where we live at Somersby. For years, she suffered from asthma. The quarry was closed down by a Land and Environment Court decision. It has been closed down for two years and she has had no asthma for the last two years. Her doctor is really pleased. Their small community is fighting Rindean sand mine because they do not want to have the problems that I am going to outline now in conclusion.

The risk of silicosis is the main consideration, but increased risk of asthma and other respiratory diseases is also a problem. Australia has a high incidence of asthma compared to other countries around the world, and the children at the school are likely to be quite vulnerable. The school has over 100 children and there are also 10 staff and helpers and many parents who come into the school to assist, and the mine is right next door. It is within 100 metres or so. That is the real concern. The dust is a very major problem.

Some of the children have been placed there for health reasons, because of their asthmatic tendencies, as the mountain air is known to be clean and pristine, but with the sand supplies drying up in Sydney there is now more demand for the sand supplies on the Somersby Plateau to be developed and more and more mines are opening up. Old mines are being expanded and development applications are going in for further expansions of small existing family mines, so the whole problem is starting to escalate on our plateau.

What we would like the Senate committee to consider is whether health professionals and experts in the field of silicosis, asthma and other breathing difficulties can guarantee that the children and local residents would be at no risk of heightened health problems as a result of dust being generated, particularly from this proposed large quarry. If this proposal goes ahead, the determining authority—which, because it is such a large mine, is the state government—must bear full responsibility for the health and wellbeing of our community. Dust will be generated from the physical excavation of the sand and there will be blow-off from the anticipated stockpiles and dust from all internal tracks and trucking as a result of up to 300 truck movements a day. That is the main concern.

The next point is that there is no town water supply in the Somersby Plateau. We all rely on water collected from rainfall run-off—local residents, businesses and Somersby, the research centre, which is on the other side of the proposed mine. Up to 70 people will be employed there soon when that centre is combined with a centre that is moving from Narara up to the Somersby Plateau. The existing research station there is small at the moment, but when the two are combined there will be up to 70 staff there, and they are very concerned about the proposal as well. There will be three new residents going there and there are 40 local homes within a kilometre of the proposed site, so dust settling on roofs will cause contamination of water supplies captured as rainfall run-off.

The school community has concerns that an increase in the amount of airborne dust as a consequence of the sand mine has the potential to impact on the health not only of students but of staff, parents and volunteers who regularly come into the school. Children are more sensitive receptors to respiratory illness, and the potential for related illness is uncertain. Long-term health cannot be assured, and concern exists that the potential for adverse side effects may not be realised until it is too late. Independent tests carried out on a school at Maroota from October 1999 to September 2000 identified that at the school site the insoluble solids portion of the dust exceeded EPA guidelines for four of the 12 months that recordings were taken. That committee has really done its best to try and help the school and the local residents, but it has just not been listened to. We are very thankful that the Senate committee has invited us to express our concerns.

As I have mentioned, there are over 40 homes and businesses surrounding the sand mine. This is a village community. It is not somewhere out west where you have large-scale acreages. Some of the acreages are as small as 1¼ acres, and they go up to 40 to 50 acres. Our land is 15 acres. Some of them are really quite close together, and we are all very concerned. We would like the Senate inquiry to recommend urgent legislation to put a limit on the distance between a mine and surrounding populations. That distance has to be measured in kilometres not in metres. We have submitted an aerial photograph of a mine which is a bit further down the road from Rindean, as I have mentioned, and which is about three or four kilometres from us. That photograph shows the Grants Road mine; it is an aerial photograph taken probably about three or four months ago. It was done by a local chap who takes off from a small airport within our community. He took that on a still day, and the dust was rising up to 300 metres from one ripper.

**CHAIR**—Do you have it there?

**Mrs Donnelly**—No. It is an aerial photograph that I would love you to have a look at.

**CHAIR**—We have some photographs; is it this one?

**Mrs Donnelly**—Yes, it is something like that one.

**CHAIR**—This one?

**Mrs Donnelly**—Yes, that is it. Do you see that dust cloud?

**CHAIR**—This is what you are referring to now?

**Mrs Donnelly**—Yes. That photograph was taken on a still day. The chap who took the photograph said that that dust would be going up at least 300 metres. That is what is settling on the surrounding residents.

**Mrs Morrison**—If it is fine particle silica dust, that will be settling over the whole of the Wyong and Gosford townships.

**Mrs Donnelly**—Because we are just on the hill; we are on the ridge.

**Mrs Morrison**—We are on a high ridge area overlooking the towns.

**Mrs Donnelly**—There needs to be some sort of legislation put in place to protect populations living near these quarries. There are not just one or two on our plateau. I think there are up to 20 small- and large-scale quarries—some are blue metal, but most of them are sand or sandstone. We are concerned. We have existed for some years with this number. We are concerned that there should not be more quarries approved, with the dust situation becoming much worse. We would like the committee to seriously recommend that the states put some sort of distance limit in place. That is one of our main concerns. We feel that our governments have a duty of care to protect the health of their constituents. It is vital that our leaders and government representatives consider the old-fashioned concept of social responsibility, which seems to be almost extinct in our modern society.

We have been thinking about the problem. There is another site, at the Newnes Plateau, west of Sydney. A lot of that area is crown land.

**Mr Donnelly**—It is a national park.

**Mrs Donnelly**—There are huge sand supplies out there, and very low populations. I am a qualified horticulturalist, and all I do most of the time is propagate native trees and shrubs, and exotics. But people should come before trees. If that means that some portions of the state forests are mined for sand for our building requirements, then it is more important that a small section of a state forest be sacrificed when compared with the risks to the health of the people living around these developments. I feel fairly strongly about that.

Another point that is coming on the agenda again in New South Wales is offshore sandmining, which should probably be considered seriously now that sand supplies in the Sydney region are drying up. If it is safer for the public to have offshore sandmining, that is the way we should go, rather than having the Somersby Plateau turned over to more mines. I have just a few more points on which to finish. Glenys has mentioned that, in practice, the policing of the rules and regulations associated with these mines is done by the residents. It is done by the public.

**Mrs Morrison**—DIPNR actually said it is up to the residents to police things if things are not happening right.

**Mrs Donnelly**—This should not be the case. It is hopeless. There should be independent government funding for environmental impact statements and there should be regular inspections done. It should not be done by the public—that is hopeless. Trucks coming and going from the mines often do not have their loads covered. This just adds to the dust. No-one is doing anything about it. Some companies are definitely more reputable than others, but a lot of the smaller mines do not worry about it.

**Mrs Morrison**—I think the smaller ones are the cowboys. The bigger mines are governed more and are a bit more concerned about what they do.

**Mrs Donnelly**—The roads within the mines are not sealed and large dust clouds are stirred up by the trucks. The mines are open cut, so there is no way to stop the huge amount of dust that is blown in 24 hours a day, as Peter mentioned, if it is not wet down.

We would like to recommend that the Senate and the federal government put into place legislation that can override existing zoning laws that allow mines and quarries to be positioned next to residences, businesses and schools. A national plan for all states should be put into place to safeguard our population. Four years ago, our local council rezoned the land. A 29-hectare site has been proposed. Prior to that, they were not allowed to mine sand there. I do not know how they got that area rezoned. It should never have been allowed. The feedback that we are getting is that it is too much of a loss of face for the state government and local council to rescind that zoning change. New information we have researched from the internet clearly shows that there is an impact on communities now. It is becoming more evident around the world. That should be good enough reason for them to change the zoning, but every time we have tried to talk about that with them it seems like this huge problem. There should be some way that the federal government can correct that and do something about the zoning because, once the property is zoned for mining, it is very difficult to stop it being passed. The area is too highly populated. That is as best as we can explain the situation. Unless the generation of airborne dust is prevented, we feel that even persons in locations remote from the source of dust can be exposed in an unsuspected way. A lot of the residents do not even know what they are breathing in.

**Mrs Morrison**—What makes it particular irksome is that there are not very large communities on these ridge tops. We look out and as far as we can see there are trees. We can see for miles and miles; it is such a high area. There are 211,000 hectares of state forest in the Hunter region. As an interim measure, until we can get offshore sand mining established, surely some parts of the state forest, such as the Watagan Mountains, could be allocated. Somewhere there must be large sandstone areas. All these sand mines could be grouped together and all have their little patch and have it closed down and regenerated within, say, 20 years. That would be until offshore dredging can really get under way.

**CHAIR**—Mrs Donnelly, you were reading a lot of your recommendations. Is it possible for us to get a copy of those? You were looking at some specific recommendations that were not in your original submission. It would be useful for our records if we could have those.

**Mrs Donnelly**—Yes, that is fine.

**CHAIR**—Before we move on to questions, is there anything else any of you want to add?

**Mr Morrison**—I have a comment relating to these aerial photographs. That is one mine. The mine that Ruth Donnelly was talking about is going in here. What is happening here will happen at Somersby and will affect a group of residents and a school. It is happening at about 20 different places on the plateau, which is about 1,000 or 1,200 feet high. Below that plateau are the shires of Wyong and Gosford.

**Mrs Morrison**—They do not know the population of those combined areas.

**Mr Morrison**—It may be one-quarter of a million. There are about 20 little mines producing dust into the atmosphere and that is going to be spread over the Gosford and Wyong shires. We may as well put these mines in the main street if we are going to put them there, because people will be affected with respiratory diseases. It is time to consider shutting down these areas and moving them somewhere else. Otherwise we are going to have population sickness on a huge scale.

**Senator HUMPHRIES**—Have you or anyone else done air quality monitoring of the sites on the edge—at homes or the school, for example?

**Mr Donnelly**—There has been some air monitoring done by the company which is proposing the sand mine at Somersby. As part of their EIS they have to put up sand-monitoring equipment at the school. There is also currently a dust monitor on our property that the company has installed. There are two different types of dust monitors. One is just a funnel which collects dust and it reads how much dust settles in the bottom of the funnel. The one which is a little more advanced has filters in it and it will, apparently, monitor the finer particle dust and grade the dust particles to see which ones are large and which ones are small. Apart from that we do not know of any other dust monitoring.

From what we have read, the dust which causes the silicosis problem in the lung is less than 10 microns. The dust monitoring equipment needs to be very, very exact to find that fine particle. Our main concern is based on an article we read four years ago where one of the Somersby Field proposal experts said that at that time we did not have the equipment that could measure and monitor that fine, less than 10 micron, particle. I do not know whether we have it at the moment. That is one of the whole issues; we do not really know whether that fine, less than 10 micron, particle is there because we do not, apparently, have the right equipment. That has to be looked into. Is the monitoring equipment we have suitable?

**Senator HUMPHRIES**—I would say that the equipment is available, at least in an industrial setting because it is used in workplaces where airborne dust or, particularly, respiratory crystalline silica is present. It is used in a number of places around Australia where they are monitoring that level of dust.

**Mrs Morrison**—Is there any way we can get someone to do this test?

**Senator HUMPHRIES**—I think there is. I would imagine that there are services you can get to do that. I would suggest that you do that because evidence was put to the committee earlier today that there is no evidence around the world that people on sites close to workplaces—neighbours, as it were—have been affected by dangerous airborne dust within workplaces.

**Mrs Donnelly**—There are communities in South Africa and Switzerland where the whole community has been affected. It is only this very fine particle dust.

**Senator HUMPHRIES**—Yes, that is right.

**Mrs Morrison**—There have been communities overseas, but not a lot of it has been done outside of the workplace. We have a barbed wire fence between us and the quarry, but nobody has told the dust not to come over.

**Senator HUMPHRIES**—That is true. It has been put to us by a medical specialist who appeared before us earlier today that there is no problem with that kind of dust in a neighbour situation. If you have evidence of overseas issues where that has occurred, it would be useful for us to see that. I invite you to table that.

**Mrs Donnelly**—There was a court case in South Africa fairly recently. From memory, there was a $5 million out-of-court settlement with the gold mines over there. The surrounding communities had so much trouble with dust coming into their homes and into their drinking water that they were suffering major health problems. It was made worse because the chemicals that they use in the flocculation in the gold mining process are dangerous. But the issue is that they had dust coming into their homes and into their drinking water.

**Senator HUMPHRIES**—An out-of-court settlement is not much good to us because that tends to be a case where there is not anything on the record as to what was actually decided by a court with respect to it. If you could find that kind of evidence it would be useful for us to see. Alternatively, I suggest that you commission someone to do testing on the points where there are residences, schools or whatever around the perimeters of these quarries and if there are levels of respiratory crystalline silica in the air that present a risk in terms of Australian standards—and those standards are now fairly clear for workplaces—

**Mrs Donnelly**—It has happened at Maroota and we can contact the committee. There is a very knowledgeable lady there. I have her name here. I think it is Dr Maryanne—

**Senator HUMPHRIES**—Sure. We cannot go out and commission that evidence ourselves; we have to wait for someone to give it to us. So if you or someone else has done that and can give it to us, we could consider it. We have to actually see the evidence.

**Mr Morrison**—The World Health Organisation has already issued directives that find particulate dust does move out of the workplace and into surrounding areas and causes problems in those areas. That is available on the web. We have lifted that straight off the Web, and that is what the World Health Organisation has stated.

**Senator HUMPHRIES**—If you are able to find that reference for us, that would be quite useful.

**Mr Morrison**—Yes, we can give you that reference.

**Mr Donnelly**—I thought we sent some of that information to the Senate committee.

**CHAIR**—The secretariat has some attachments and we will look into those. The reason for the opportunity today is for you to give us any other evidence that you may have.

**Mrs Morrison**—It has been very hard to get anything outside of the workplace. Not a lot has been done. Bear in mind that even when there is a heavy smog in London and a whole lot of people die because of air pollution, it is because of fine particles. Whether it be from fumes, sand, wood dust or whatever, it is the fine particles that invade the lungs that cause the problem. So whether it be silica dust or whatever, all those other incidences would be well established.

**Mr Donnelly**—It is very difficult for people like us, without the means to have an in-depth study carried out, so how do you suggest we go about making moves of some kind to have this sort of study carried out, because it takes an awful lot of resources that we do not have?

**Senator HUMPHRIES**—I do not know that that is necessarily the case. We have not enquired as to the costs that are incurred, but the monitoring of airborne particles happens quite frequently around Australian workplaces and the technology is readily available. We have not got the capacity to go out there and do our own tests and research.

**Mrs Morrison**—I have asked the council to do it, but they do not have the equipment.

**Senator HUMPHRIES**—But it can be hired in. I cannot say dogmatically that that is the case, but I would be very surprised if you were not able go to a technician or a company that specialises in these services and seek for them to provide those services. I would be surprised if it was prohibitively expensive. In fact, we had evidence yesterday in Melbourne that testing of that kind costs between $2,000 and $4,000. That is a lot of money, of course, but if the council, for example, could be persuaded to set those sorts of testing devices up on the perimeters it would settle the question of whether there is a level of dust in the atmosphere that exceeds Australian requirements.

**CHAIR**—Our committee cannot provide you through our committee processes with advice about what you should be doing, but I think we can actually talk with you outside the committee process about various options that are available, particularly as the bulk of the submission that you have given us refers to local and state government authorities. It is really important that we actually work through those processes. I am sure that individuals are more than happy to talk with you about what is around and the various community organisations. But it is inappropriate for us doing an inquiry to offer advice as to what you should do next.

**Mrs Donnelly**—So are you saying, Senator Humphries, that if we set up dust monitors next door on Glenys's property and they show silica dust being blown onto her property, that is proof and that is what you need to know?

**Senator HUMPHRIES**—It would be useful information for us to have in the inquiry. We are due to report, unfortunately, in just a few weeks time so you may not have time to do that monitoring and get the information to us. Our inquiry is into toxic dust. We are told that there is an Australian standard which you have to exceed before the dust counts as being toxic dust.

**Mrs Donnelly**—I think we could probably get it done quite fast, because there are a lot of concerned residents on the mountain plateau and there are so many sand mines with neighbours right next door. The westerly winds that we are having now are quite severe at this time of the year. We may be able to get some equipment fairly quickly. But can you organise a further inquiry into the effects on communities? Can you arrange another inquiry or to have this one extended?

**Senator HUMPHRIES**—It is a decision for the whole Senate rather than for just the members of this committee to do that.

**Mrs Donnelly**—I think Australia can show leadership here. There is only Japan, USA and some European countries. I think it is an opportunity for Australia to show leadership and be a world leader. I think there is a real need for it.

**Mr Morrison**—Senator Humphries, this is the document from the World Health Organisation. It would have been sent to most of the countries around the world. It would have been sent to a health department here in Australia. There possibly should be someone from the health department here telling you exactly what the World Health Organisation has stated. They have stated—

**CHAIR**—We can get hold of the document. It seems to me to be not the most effective use of your time or ours to be reading out from documentation we can have. We are seeking evidence from a whole range of people. If you would like to provide that document to our secretariat, that would be useful.

**Senator ALLISON**—You say that the fines are too low to be a deterrent for controlling dust in the quarries that are operational. Do you know what fines have been imposed on, say, the mine that we are looking at here?

**Mrs Morrison**—Since my initial complaints to council in big letters setting out all of the faults with this in October 2004, I have had nothing back in writing at all from the council. I believe I have to go under freedom of information and ask for the public register to see whether they are fining them or what they are doing with them.

**Senator ALLISON**—The department of industry probably is responsible for monitoring or regulating the site. Have you contacted them?

**Mr Donnelly**—It is a small site. I think it is the Gosford Shire Council which is the—

**Mrs Morrison**—It is the regulatory authority.

**Mr Donnelly**—Yes. The new mine that is being proposed is a larger project, so that will actually be a state government controlled project.

**Senator ALLISON**—So the size determines who the regulatory authority is?

**Mr Donnelly**—Yes.

**Senator ALLISON**—But do the same regulations apply to both or not?

**Mr Donnelly**—They are probably the same regulations. It would be administered under the same act. But the fines are ridiculously low.

**Senator ALLISON**—How much are they?

**Mr Donnelly**—I remember looking at one—I think it is for not covering a truck—which is a matter of $150 or something like that. The fines are so low that you just do it and, if you get caught, who cares, it is just a bit of a load in the back of the truck.

**Senator ALLISON**—Can you tell the committee who set up the monitoring on your properties and who looks at the results of that monitoring? Are you provided with a schedule of the levels of exposure? What is the purpose of this monitoring?

**Mr Donnelly**—It is a requirement of the EIS that they do this. To me it seems like it is not an independently carried out test at all.

**Senator ALLISON**—Sorry to interrupt. Please tell us what happened with these monitors.

**Mr Donnelly**—With the one on our property, the company that is proposing the sand mine employed their own separate company to come and do the monitoring, called Heggies. So it is not independent at all; they employ the company that checks the dust monitor. They have employed one chap, who has come to our property once, yesterday, to collect the dust.

**Senator ALLISON**—How long has the monitoring unit been there?

**Mr Donnelly**—About a month. They are making one collection per month.

**Senator ALLISON**—Is the undertaking that you be provided with the results of that monitoring?

**Mr Donnelly**—No, there has been no undertaking about that. We are quite upset about it, because that funnel could be tampered with.

**Senator ALLISON**—Who requires the monitoring to be put in place?

**Mr Donnelly**—DIPNR, the governing authority that gave the licence for the mine, issue them with the directive to take the samples.

**Senator ALLISON**—Did they make it clear to you what the purpose of this was or where the results would be—

**Mr Donnelly**—No, there has been none of that.

**Senator ALLISON**—Have you asked those questions?

**Mr Donnelly**—Of DIPNR? Not yet. We have been in touch with them, but they just approached us and said, 'We have to do this. Can we come to your property and set up a monitor?' I said, 'Yes, that's fine.' But that is all we were told.

**Senator ALLISON**—So you may not see the results of that?

**Mr Donnelly**—No. We have not been told—

**Senator ALLISON**—And you suspect that it is not independent in any case?

**Mr Donnelly**—It is not independent; it is the company employing someone to do the monitoring for them. So they basically do their own monitoring, in a sense.

**Senator ALLISON**—What are the obligations under the EIS? Are you able to spell those out?

**Mrs Donnelly**—We can give you a copy of the requirements that DIPNR has placed on the company.

**Senator ALLISON**—Does it just say 'monitoring' or does it say, 'Monitoring every month, here's where the results go and here's who can do it'?

**Mr Donnelly**—I think it probably just says whatever the act that they have to abide by requires. We have not had time to look up all those acts; we have been extremely busy in the business.

**Mrs Morrison**—Am I allowed to say something here without it being taken to court? Heggies, who are doing the dust monitoring, were the company employed to do the noise monitoring for the EIS relating to the quarry next to me. They took the nearest property disadvantaged by noise by the quarry next to me to be past my place, past the public school and past two other houses at a chicken shed down over the valley. The EIS stated that as the nearest disadvantaged property. That is what they prepare for the person who employs them.

**Mrs Donnelly**—That is one example of what they get up to.

**Senator POLLEY**—It is a good thing this inquiry was established before the numbers in the Senate changed; otherwise we would not be here today. The evidence that we heard earlier from outside the industry was that there were not any emissions causing any health problems to the wider community. We also heard evidence yesterday relating to unsealed roads in rural areas with the dust that is caused there, so it is interesting to have your submission. Do you have any health studies relating to asthma or any other respiratory diseases in children at the school? Can you give us any instances that actually give us some health statistics of any other mining areas that have unduly affected the community?

**Mrs Morrison**—I think there is a lot on record about Cessnock, but I have not researched it.

**Mr Donnelly**—Most of the research has been done overseas—in fact, all the research we have found has been done overseas. Quite a few of the studies have been carried out on outlying populations and the long-term effects. As we said before, lung cancer caused by silicosis, under constant exposure, can take 30 or 40 years to develop. So these studies need a long time and a long-term population. There have been studies carried out and they are on the net. We have actually found them. There have been proper results from tests carried out by scientific people. That is why I cannot understand anyone else saying that there is no evidence. The evidence is there already. We have found it ourselves.

**Mrs Donnelly**—We printed them off and they are in the submission we have made. It is becoming more generally well known. It is no longer a case of 'drawing a long bow', which is the main reaction we get when we talk to politicians.

**Senator POLLEY**—That is not necessarily my position. I am alluding to the evidence that has been given. I have cited instances in my home state of Tasmania where they may not have been any cases or compensation, and therefore you do not get in the statistics. Can you tell me whether the residents have sought medical advice to ensure that there are records of their state of health now so that they cover themselves in the future?

**Mrs Donnelly**—They probably have not thought of compensation long term, but we do have residents who regularly go to the doctor with respiratory problems, and we can probably get their records. Would you like us to submit them to the committee?

**Senator POLLEY**—The more evidence you can put before us the better.

**CHAIR**—We have the documentation you have provided. I think there is an opportunity for more information to be shared in terms of the process. Thank you for your time. We will not need a copy of your video because we have seen that and what you have shown us is on the record. I feel sure that individual members of the committee will be in contact with you at different times.

**Mrs Donnelly**—Senator Humphries, if you still have a couple more weeks, can we submit some more information?

**Senator HUMPHRIES**—Yes, I would be very interested.

**CHAIR**—You may choose to contact individual members in regard to other processes, but this committee would be happy to receive any further information that you have.

**Senator HUMPHRIES**—For completeness, in respect of what Senator Polley has said, I would like to place on the record that the federal government supported the concept of an inquiry into airborne silicates. There were other aspects of the inquiry that we did not support, but the main element of the inquiry, which was about airborne silicates, was a matter supported by the federal government.

[12.25 pm]

**FARRAR, Mr Ian Lloyd, Managing Director and Chief Executive Officer, Coal Services Pty Ltd**

**CHAIR**—Mr Farrar, thank you so much for your patience. We deeply appreciate it. We have gone well over time, but, as you could hear from the evidence, there was reason for that. As you know, information on parliamentary privilege and the protection of witnesses has been provided to you. The committee prefers evidence to be heard in public, but evidence may be given in camera if you consider such evidence to be of a confidential nature. We have the Coal Services submission, No. 21, and I invite you to make an opening presentation and then we will go to questions from the committee.

**Mr Farrar**—Coal Services is the successor to an organisation that was called the Joint Coal Board, and I think some of you senators would be aware of the Joint Coal Board. It was established in 1947. I was the chairman and CEO of the coal board from 1992 to 2002, and when the coal board was privatised I became the MD-CEO of the privatised entity. When we talk about CSPL, we pick up the period of the Joint Coal Board too, so we have had some almost 60 years experience in the area of monitoring the health and welfare of people working in the New South Wales coal industry.

I would have to say that probably one of the most outstanding successes of the Joint Coal Board was the virtual elimination of pneumoconiosis and silicosis over that period of time. At the time the Joint Coal Board was created, in late 1946, the incidence of pneumoconiosis amongst New South Wales coalminers was running at 16 per cent. Today the incidence is less than 0.3 of one per cent and there have been no new cases of either pneumoconiosis or silicosis reported in the last decade.

This has been achieved through a number of ways. Firstly, there was the setting of appropriate exposure standards. Up until recently the exposure standard for coaldust was three milligrams per cubic meter but, because of changes that were made to airflows and the way the samples were being collected, that has been reduced to 2.5 milligrams per cubic meter, but they equate to one and the same. The level of exposure for silica was 0.15 milligrams per cubic meter, and that has recently been reduced to 0.1 milligrams per cubic meter. So setting appropriate standards is the first point.

The second point is implementing appropriate management systems to ensure the standards are met. That is another very important point and I can talk a little bit more about that and about what goes on in the coal industry. Thirdly, we independently monitor the exposure to coaldust and silica dust in coalmines. It is regulated that an underground coalmine has to have samples undertaken twice per year for each working face—and by that I mean that in an underground coalmine there could be four, five or six different faces being worked concurrently, and you have to take samples of the dust exposure at each of those sites at six-monthly intervals.

We are the ones who do that within the coal industry. It is recognised by all parties that we have the expertise to do it, and the results we come up with are accepted without any dispute.

From those results we provide feedback to the employer, the employees and to what was formerly the Department of Mineral Resources, now the minerals division of the Department of Primary Industries. We also inform the Chief Inspector of Mines of the results of all the samples we undertake to test. Where mines are running into what we see to be problems in exceeding dust exposure standards, we try and work with those mines to overcome those problems.

Coupled with that, we run health surveillance for coal miners. We have a division called Coal Services Health. We have doctors and occupational therapists working in that area. We conduct pre-employment medicals, periodic medicals and what we call 'special medicals' for people working in the coal industry. The pre-employment medicals, as the term implies, are to make sure that people are fit to come into the industry—although these days, with antidiscrimination legislation, it is very difficult to say someone is not fit. It is more likely that you would say someone is fit to do certain sorts of jobs—you might put restrictions on them—and then it is up to the employer to decide whether they have a role for them. We do periodic medicals every three to five years. The purpose of these medicals is to try and detect the gradual onset diseases, which, I think, are the diseases this committee is concerned about. These medicals are conducted every three to five years and we cover about 90 per cent of the work force; they are not compulsory. The ones we are not getting are probably people who have moved into a management role. The unions are very supportive of ensuring that their members come along to these medicals, and employers too support their employees attending those medicals.

I will contrast the situation in New South Wales with what goes on in America. In the States, the threshold level for coal dust is two milligrams per cubic metre as compared to three milligrams per cubic metre in New South Wales. They have a lower threshold level, yet the incidence of pneumoconiosis over there is costing the American coal industry $US1 billion per annum in workers compensation. That is roughly $A1.3 billion; they are big numbers. So I do not think it is a matter of reducing threshold levels downwards. I think the way to effectively manage this area is to have a number of subsidiary systems in place that regularly monitor and ensure that workers are not being exposed to unrealistically high levels of dust; and, where that is the case, appropriate action should be taken to make sure that employers rectify the problem and reduce the dust levels. Those are the general comments I wanted to make. I would be happy to take any questions.

**Senator HUMPHRIES**—There seems to be a fairly comprehensive and proactive approach being used in the coal industry in this state; I commend you for what you describe in your submission. Could you give us an idea of whether what happens in the coal industry in New South Wales is typical of what happens in other parts of Australia?

**Mr Farrar**—No, it is not. When the Joint Coal Board was created in 1947, Queensland was invited to become part of the organisation; but back in those days there was conflict between the states and Queensland elected not to become part of the Joint Coal Board. They do their own thing up there. They engage organisations such as SIMTARS, and others, to undertake dust monitoring. They do not have an entity quite like the Joint Coal Board—Coal Services—to do it. On the medical front they do not have one separate bureau that undertakes medical surveillance; they have a series of registered doctors who undertake that to the standards imposed. Queensland gets in touch with us about establishing standards because, I think, it is recognised that the Joint Coal Board—and now Coal Services—was the entity with the reservoir of expertise in this area.

**Senator HUMPHRIES**—Are other states behind New South Wales as well? Are other states of concern, from your point of view, in terms of proactive measures to monitor the health of miners?

**Mr Farrar**—I think the New South Wales coal industry is particularly well served by CSPL and its predecessors. I do not think any other state has ever been as well served as New South Wales.

**Senator HUMPHRIES**—It was put to us earlier today, by a medical specialist, that silicosis is disappearing as a problem in at least some industries—in fact, I think his comments related more generally to Australian industry across the board. He said that Australian industry was basically free of silicosis and that the issue is over. Is that a comment you would agree with?

**Mr Farrar**—If I go back and look at the new incidences of silicosis, I see that for the last decade we have not had any incidence of silicosis that has been brought to our attention. I should also say that we run the workers compensation insurance scheme for coalminers. So we deal with the workers compensation right through to the health monitoring side of things. We are not getting new claims for silicosis. I think that is a reflection on the management of a lot of these companies—that they are aware of the perceived dangers associated with exposure to silica. I think it is also a reflection on the educational program that has been given to coalminers. I have brought along with me some little books that we have produced. Every coalminer in New South Wales gets these books so that they can understand respirable dust in coal mines, respirable quartz and diesel, particularly in coal mines. So we try to educate the work force too. I think it has been a combination of many things that has led to the reduction.

**Senator HUMPHRIES**—It was put to us yesterday that silicosis is less common in coalmining because of the presence of other chemicals or minerals in airborne dust in mines. I think it was even suggested that the presence of iron or aluminium in airborne dust seems to have a chemical effect of reducing the incidence of silicosis—I think that was the effect of the evidence. Would you agree with that? Is there evidence of that, in your opinion?

**CHAIR**—Give us your opinion, Mr Farrar.

**Mr Farrar**—Yes. It is an opinion I do not share. The incidence of silicosis in coalmining comes about when you either have to mine, in an underground coal mine, the roof or the floor which tend to be sandstone and where the silica is emitted from. Sometimes you can get silica bands in the seam of coal. They are the sources of silica in coal mines. I do not know if there is some sort of chemical interaction that has an effect.

**Senator HUMPHRIES**—You mentioned the workers compensation scheme of Coal Mines Insurance. I assume that that deals with illnesses arising out of employment of a person in the coalmining industry, but does it deal with the situation of a person who has previously worked in the industry, who has been out of the industry for, say, 20 years and who develops a respiratory disease that might be attributable to their time in coalmining?

**Mr Farrar**—Yes, it does. But then you have to go through the process of proving that the disease that you have contracted was attributable to the period you spent working in a coal mine.

**Senator HUMPHRIES**—That is very difficult, isn't it?

**Mr Farrar**—Yes, that is left to the courts. In New South Wales, coalminers still have access to common law. They are, I think, the only group that still has access to common law. We still get some claims coming in, and where a court determines, at the end of the day, that in all likelihood that is what contributed to that person's illness, they get appropriately compensated.

**Senator HUMPHRIES**—Do you know if such claims by people who have left the industry are very often successful?

**Mr Farrar**—We do not get a lot of them. We probably get more relating to asbestos, where people might have been working with equipment or the flagging around water pipes and things like that in coal mines which were asbestos cladded, and have subsequently contracted asbestosis. We have had a few of those, probably more than what we have of the former.

**Senator POLLEY**—You have detailed some of the things that you do within your industry to alleviate these health risks. Are there any specific things that you believe would be beneficial to other industries? We have heard about the building industry and we have heard a lot about the coalmining industry and how you have changed practices. What would be your advice on ways to alleviate these ongoing practices?

**Mr Farrar**—This morning I heard the chap from the CFMEU talking about the worksite that was somewhere on his way here this morning. I must admit that a couple of years ago I spoke with the National Secretary of the CFMEU, John Maitland, who came up through the mining division and then had responsibility for the construction side. When you walked around this town and looked at all the building sites a few years ago, they were all sandstone and they were doing things there that would never be tolerated in a coalmine. So, to answer your question, I think education is a very important part of it. The coal industry is extremely fortunate: we have an entity like CSPL and a workers comp insurance company that is industry focused, so we can feed the statistics we get from our workers compensation into our education programs to make sure that we are focusing those programs in areas which can have a direct impact.

**Senator POLLEY**—You have invested in prevention and in ensuring that work practices are changed. I have lost my train of thought, so I will leave it at that.

**CHAIR**—Mr Farrar, one of the things that has happened with your industry is that you are actually used as an example, for exactly the reasons you have given. We have had some evidence to the inquiry about awareness and ownership of medical records. I think I may have helped Senator Polley there, so I will pass over to her.

**Senator POLLEY**—Yes, that was what I was leading up to. You obviously do a lot of pre-employment health checks. How would you feel about ensuring that that information was transportable with the workers; that, if they left the coal industry and went to another mining industry, those medical records went with them?

**Mr Farrar**—We would have no problem with that. We would provide them with copies—they could be certified copies or whatever—and we would have absolutely no problem with that at all. In fact I think a positive can come out of that in terms of drawing a line in the sand of what

medical standard that person had when they left the coalmining industry. If they are going to come up with a workers comp claim some time down the track, you can go back and say, 'That was the standard that you were at when you left the industry.'

**Senator POLLEY**—And that would include X-rays?

**Mr Farrar**—Yes. I heard the discussion about X-rays. We do X-rays every second periodic medical. Periodic medicals are undertaken about every three to five years, and at every second medical we undertake an X-ray. That is simply because the advice I have received is that you should not be doing X-rays much more frequently than that because that could have a deleterious impact on a person's health. We hold onto those X-rays, but we make them available. If an individual wants to have access to them, say, to discuss them with his GP, we provide them. The reason we hang onto them is that people in the coalmining industry tend not to leave. They get paid a lot of money, and it is very difficult for them to earn as much money doing something else. So if we are going to measure the health of an individual over a period of time, we need access to these X-rays to contrast where they were 10 years ago with where they are today.

That can also work against us. In fact, there was a case not so long ago where an individual sued the board and the individual members of the board for failing to detect a tumour. When we are looking at X-rays, we are looking at X-rays around the tummy area and the lungs, and in this person's case there was a tumour in the shoulder which our doctors did not pick up. So there is also a downside to it all from a management and liability point of view. But overall, if you have responsibility for looking after the health and welfare of people, you have to look after all the records.

**Senator POLLEY**—Would it be possible to have the education material you referred to earlier made available to the committee?

**Mr Farrar**—Sure.

**CHAIR**—Mr Farrar, do those booklets talk about medical records and things?

**Mr Farrar**—No, they do not. They just pose some very simple questions and provide the answers in a coalminer's terminology.

**CHAIR**—One point that was raised by another industry group yesterday was concern about the literacy levels of some of the workers; that when they did their tests and discussions with the workers there was, I think they said, up to a 30 per cent literacy issue. I know that work has been done in your industry. Do you have any awareness of whether there are literacy and language issues with your workers?

**Mr Farrar**—It might have been an issue in the coalmining industry 10 or 20 years ago. It is not so much an issue today.

**CHAIR**—I would not have thought so.

**Mr Farrar**—A newer breed of worker is coming into the industry, some of them tertiary educated, so we do not have that problem.

**CHAIR**—Is there any other comment you would like to make, Mr Farrar? As I said, I know that your area has been a leader in this particular focus of occupational health and safety.

**Mr Farrar**—I do not think so.

**CHAIR**—If you do have any further information you would like to give us, please let us know. If any questions come out of today, we will be in contact with you. Thank you very much.

**Committee adjourned at 12.45 pm**