



COMMONWEALTH OF AUSTRALIA

Proof Committee Hansard

**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON CLIMATE CHANGE, WATER,
ENVIRONMENT AND THE ARTS

Reference: Climate change and environmental impacts on coastal communities

THURSDAY, 14 MAY 2009

CANBERRA

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**HOUSE OF REPRESENTATIVES STANDING COMMITTEE
ON CLIMATE CHANGE, WATER, ENVIRONMENT AND THE ARTS**

Thursday, 14 May 2009

Members: Ms George (*Chair*), Dr Washer (*Deputy Chair*), Mr John Cobb, Mr Dreyfus, Mrs Irwin, Ms Livermore, Ms Marino, Mr Murphy, Mr Scott and Mr Zappia

Members in attendance: Ms George, Mrs Irwin, Ms Livermore, Ms Marino, Mr Murphy, Dr Washer and Mr Zappia

Terms of reference for the inquiry:

To inquire into and report on:

Climate change and environmental impacts on coastal communities. The committee will inquire into and report on issues related to climate change and environmental pressures experienced by Australian coastal areas, particularly in the context of coastal population growth. The inquiry will have particular regard to:

- existing policies and programs related to coastal zone management, taking in the catchment-coast-ocean continuum
- the environmental impacts of coastal population growth and mechanisms to promote sustainable use of coastal resources
- the impact of climate change on coastal areas and strategies to deal with climate change adaptation, particularly in response to projected sea level rise
- mechanisms to promote sustainable coastal communities
- governance and institutional arrangements for the coastal zone.

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Committee met at 10.55 am

CHAIR (Ms George)—The committee is inquiring into climate change and environmental impacts on coastal communities. The Minister for the Environment, Heritage and the Arts and the Minister for Climate Change and Water have asked this committee to examine the environmental impacts of coastal population growth, as well as the impact of climate change, on coastal areas and strategies to deal with climate change adaptation, particularly in response to projected sea level rise. The committee has also been asked to look at existing policies and programs related to coastal zone management, mechanisms to promote sustainable coastal communities and governance arrangements for the coastal zone.

[10.56 am]

COBURN, Mr Damian, Assistant Secretary, Policy Strategies Branch, Department of Health and Ageing

ECCLES, Mr Richard, First Assistant Secretary, Portfolio Strategies Division, Department of Health and Ageing

HALBERT, Ms Catherine, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing

KRESTENSEN, Ms Colleen, Assistant Secretary, Mental Health and Suicide Prevention Programs Branch, Department of Health and Ageing

CHAIR—Welcome. Although the committee does not require you to give evidence under oath, these hearings are legal proceedings of the parliament and warrant the same respect as proceedings of the House itself. In that regard the giving of false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. The committee has received a submission from the department and it has been authorised, along with others, for publication. We now invite you to make a brief opening statement.

Mr Eccles—Thank you for the opportunity to be at this hearing. Our submission outlines the areas that we think would be of most interest to the committee, including the effects on health and some of the activities that are in train or that are planned to better equip us to deal with the impact of climate change on health. As you would appreciate, the issue is potentially very broad and has potential impacts across a whole range of areas within the portfolio, ranging from healthy activity and sports right the way through to aged care. We have with us representatives from several areas in the department. We hope to have anticipated the areas of greatest interest and to be able to answer most of the questions here today, but we would also be very happy to take particular issues or matters on notice if that is the wish of the committee. The submission is essentially the parameters by which we would be happy to discuss the matter with you.

CHAIR—Thank you. We are very lucky on the committee to have Dr Mal Washer, so he will take the lead in terms of the issues that the committee would like to raise with you. I note in the conclusion of your submission that you make reference to the Department of Climate Change funding a series of five integrated assessments, four of them in coastal areas. You go on to say:

The project in the Gold Coast specifically addresses health impacts of climate change but is yet to produce a public report.

The committee visited the Gold Coast just recently, so I would be interested to know the scope of the inquiry that you are looking at involving the Gold Coast community. Even though the report is not yet a public document, has anything come out of that investigation that would be of benefit to this committee? The Gold Coast has been identified as a hotspot for coastal impacts.

Mr Eccles—I understand that that is being undertaken by the Department of Climate Change. We have been speaking to them about a whole range of matters, but I do not have any update on the progress of that particular study. Is that right?

Mr Coburn—That is correct.

CHAIR—Has your department had input into that case study?

Mr Eccles—No. We have had input with the Department of Climate Change on a whole range of things, including—

CHAIR—Right, but not specifically—

Mr Eccles—Not specifically on that, but including working with them on identifying what the potential health impacts of climate change are. I would assume that they would use that information as the basis of some of the work they are doing in various areas, including the Gold Coast.

CHAIR—They are coming back to meet with the committee again. We have had their initial submission, so we will follow it up with them.

Dr WASHER—We have, as you know, had quite a bad outbreak of dengue with various subspecies of it in Cairns. What is envisaged to address these problems? I guess this is a climate problem that we will see more of in the future.

Ms Halbert—I will answer that, if you would like. We are aware that there is a large outbreak of dengue. I think there are over 1,000 cases in Queensland in this particular outbreak. It is not unprecedented to have large outbreaks of dengue in Australia. I think we have had recent outbreaks in 2007 and in 2003. Queensland have been managing this particular incident, but we work closely with the states and territories, particularly in relation to surveillance activities. Clearly that is an important prevention measure. We have over the past few years funded responses to mosquito outbreaks at Tennant Creek, Groote Eylandt and in the Torres Strait. You may be aware that there is a threat of *Aedes albopictus*, which is a vector for dengue and other diseases, entering the mainland.

We have been talking with the states and territories about getting a more structured framework for response to mosquito outbreaks. We have a very good framework for the detection of mosquito outbreaks. In this instance, Queensland, as I say, have been managing it and they have not requested any assistance. But we are working with, in particular, the northern states and territories to look to the future to make sure that we are ready for adequate responses whenever these situations arise.

Dr WASHER—That is great. Thank you. Madam Chair, through you: Colleen, you mentioned mental health. Mental health is a big issue. The last member we had for that area of Cairns was very keen on that. Are we seeing any obvious changes in this? Already we are seeing stresses because of climate change, including floods and some catastrophic bushfires. How much they are related to climate change from an anthropogenic point of view is questionable, but

certainly climate change is a factor. What are we doing to address that or gear up for that? It is certainly going to create some major problems on the mental health side of things.

Ms Krestensen—I guess from our perspective we are addressing it or thinking about it at three levels. There is, as you mention, the impact of severe weather events which may or may not be linked to climate change, such as the bushfires recently and the floods and so forth which happened this year in Queensland. Those were also linked in some quarters to climate change. I think there are clearly impacts from disasters such as that on mental health.

At the second level, there is the long-term possible impact of climate change on more frequent droughts. Clearly, as our submission outlines, we are moving on a range of fronts to support the mental health of communities impacted by drought.

Thirdly, I guess, as you also alluded to, there is that concern that we all have about general levels of anxiety within the community—I guess the population-level mental health—linked to anxiety about a range of things, including climate change. We certainly are in close contact with organisations such as Lifeline and Kids Help Line that take calls from the general community on those issues that they are anxious about to try and get a bit of an overarching, qualitative picture. At this point, while we are all concerned about that, there is no specific quantitative data to suggest that there are increasing concerns at that level. But clearly we have already moved by being prepared to respond quickly to extreme weather events, such as the bushfires, floods and so forth.

Mrs IRWIN—I am just going to follow on from that question, if I am allowed.

CHAIR—Is it on the same issue?

Mrs IRWIN—It is similar. You were talking about fires and that. I was just wondering whether there is disaster management and emergency services planning taking place to prepare for possible significant climate change related health risks, especially—and I think this is very important with what has happened recently—early warning systems?

Ms Halbert—The Office of Health Protection supports the Australian Health Protection Committee, which reports to health ministers. Its primary task is to ensure that Australia is prepared for health emergencies and able to respond to those emergencies. It is an ongoing, continuous process of developing plans, updating our plans and ensuring that they are fresh and ready to be used. We work very closely with Emergency Management Australia—in fact, Emergency Management Australia is a member of the Australian Health Protection Committee, along with Defence and the states and territories. Emergency Management Australia are responsible for looking at community warning systems, but we obviously will work very closely with them. An example might be the recent heat waves in South Australia and Victoria. The states and territories had excellent systems in place and rolled out, but we could probably improve our prediction of the impacts of heat wave and the communication with the community about what to do once the heat wave arises. AHPC is having a look at that, but we work very closely with Emergency Management Australia for the broader disaster response and community warning activities.

Mrs IRWIN—You were just talking about the heat waves and you mentioned that there were some excellent systems. Can you give us an example of an excellent system?

Ms Halbert—In South Australia, for example, they were able to identify vulnerable members of the community and get in contact with them directly to ensure that they were okay and to give them advice on what they should do. I think Victoria had a similar system, but Victoria was dealing with a range of situations very quickly. I am not sure that they did exactly the same thing as South Australia, but that seemed to work very well. They are, with Victoria, working on this forward projection of heat waves and shoring up community communication et cetera. In South Australia it seemed to work very well.

Ms LIVERMORE—Your submission deals primarily with emergency situations and widespread disease outbreaks. As a fair skinned Queenslander, something that comes to my mind when I think of extremes of temperature is the incidence of melanoma and other skin cancers. Is that something that features in your considerations in preparation for extreme climate?

Mr Eccles—Absolutely. A lot of the future work across the department is that we try to make sure that all our programs are flexible and able to respond to whatever the emerging impact could be. It could be environmental, as is the situation that you are considering. It could be social. It could be economic. So a lot of our programs need to have the ability to deal with these things. In terms of skin cancer, we certainly have a very active process. We do not have anyone from our population health division here, but we would certainly be able to give you information on the range of programs that we have in place for skin cancer.

Ms LIVERMORE—Roughly speaking, does that include things like education at one end and then screening, treatment—

Mr Eccles—Yes. It is education. I would need to get the details but at the very high level it is about consumer awareness of the risk factors as well as what to look out for. It is also training the workforce so that they are better placed to be able to identify particular melanomas. I would prefer to get you a bit more information, but there certainly is activity in train.

Mr Coburn—It is also important to note that, as well as the activities that are happening at the moment, we are taking a forward-looking approach to adaptation to climate change. There is a COAG requirement, in fact, for development of a national action plan on climate change and health by April 2010. The status of that at the moment is that we are working through the health CEOs to develop a framework and get agreement on how to proceed with that. That will look at a broad range of issues and develop a national approach. The issues we have raised in our submission are not intended to be totally complete; they are largely based on a range of issues in well-established literature. The issue of melanoma is not as prevalent in the literature—it is probably something we should have covered—but there are many other issues. Another one that comes up in our portfolios is what to do about sports fields and how to water them in a shortage of water supply.

Ms LIVERMORE—Or how to get people to respond to those messages about the need to have active, healthy lifestyles. That is harder when you have those very extreme, hot temperatures and high UV.

CHAIR—With reference to the comment Mr Coburn made, we have a paper from Tony McMichael of the ANU. He submitted it to earlier inquiries of this committee on sustainable cities and public health issues. He, along with others, has authored *Human health and climate change—a national adaptation research plan*. Do you have any particular views or comments on the range of issues covered in that report? Are they the kinds of issues that are guiding the input of the federal department?

Mr Coburn—Broadly speaking, they are. We had input into the development of the plan and we talk to Tony from time to time. The plan takes a very broad approach to the effects of climate change and we think that is appropriate. But not everything that is in it is necessarily a portfolio responsibility for us, so while we would generally agree with the plan we will not necessarily deal with all the things in it in the action plan. For example, the area of sustainable cities is not part of our remit.

CHAIR—But for the purpose of this inquiry is that as comprehensive an outline of the issues as we are likely to come across?

Mr Coburn—Yes, at the moment. I would say it is also quite a good summary of the effects of climate change on human health.

CHAIR—You note in your submission to the committee that Indigenous communities are particularly vulnerable, and I guess we are lacking from not having input from, say, the Northern Land Council on the issues as they see them, although the Department of Climate Change is funding some further work with Indigenous communities. The other communities that we are very concerned about are the Torres Strait Islander communities, and you mention some of the issues impacting on their communities and the increasing prevalence of mosquito related diseases. Is there anything in particular that we should know about the work of your department with the Torres Strait people?

Ms Halbert—The Department of Health and Ageing chairs the Torres Strait Health Issues Committee, which has been working with the Queensland government, the Torres Strait Regional Authority, local communities and Papua New Guinea since 2003. I happen to have been lucky enough to chair it on and off since then. We have been trying to improve communication between PNG and the Torres Strait, because as you would understand there is free movement of people through the Torres Strait under the arrangements of the Torres Strait Treaty Zone. The health issues committee has been looking particularly at communication but also at improving surveillance both on our side of the border and on the PNG side of the border and improving capacity building. AusAID is also a member of the health issues committee and we have been working to help PNG improve their capacity to detect outbreaks of disease, including vector borne disease, multidrug-resistant tuberculosis and other diseases that are already prevalent in PNG by nature of their climate, their health system capacity et cetera. It is not specifically focused on climate change, but the benefits will be detection of emerging or re-emerging diseases. The communication has improved significantly and PNG's capacity to deal with those is incrementally improving as well.

The Torres Strait Regional Authority is giving assistance to PNG through this process to improve their water supplies, because adequate, clean water and control of mosquitoes in particular is very important, so that will be another positive outcome. In Tuesday's budget there

was an announcement about a package of health measures from the Australian side. The Australia-Papua New Guinea Ministerial Forum, which was held in Madang last year, asked for a package of health measures to be developed. The next forum is coming up in June, and we expect that we will have an announcement of a consolidated package there. Again, it is not particularly aimed at climate change but we will have spin-offs that will benefit our ability to detect and respond to outbreaks of disease.

CHAIR—Has the department sought input from your portfolio area into the study that the Department of Climate Change is funding into our own Indigenous communities in Northern Australia? Do you know whether public health issues are part of their consideration?

Mr Coburn—Not that I am aware. We would have to take that on notice.

Mr Eccles—We will take it on notice. I know there have been discussions between the Department of Climate Change and our Office of Aboriginal and Torres Strait Islander Health, but I would need to get a little bit more information on the exact nature of those.

CHAIR—You say in your submission that Indigenous communities are particularly vulnerable to the health impacts of climate change and that population migration as a result of sea level rise away from coastal areas has important ramifications for communities in the Torres Strait. We have a very comprehensive supplementary submission from the authority, which we are going to discuss in more detail with the department of climate change as well as refer to in our report. Is there anything that you would like to bring to our attention about Indigenous communities or anything that was raised in your submission that you would like to amplify?

Mr Eccles—Other than noting the sad but obvious fact that Indigenous Australians already suffer a disproportionate health impact as a result of disadvantage in living conditions and economic and social circumstances and that obviously they are a group of people particularly vulnerable to the impacts of climate change more broadly—not just the coastal impacts—the department has quite a significant work program in dealing with broader Indigenous health issues around implementing the closing the gap initiatives and other things. This is all being taken into consideration within that broader work program.

Ms Halbert—In relation to the Torres Strait in particular, one of the key aims of the Torres Strait Health Issues Committee is to build capacity on the PNG side of the border, but that is specifically in order to reduce the number of people who are coming across the border and accessing health services on the Australian side, which of course are the health services used by Indigenous people. So that has always been a key objective of that committee.

Ms MARINO—You referred to a WA government report about adaptation strategies for the health impacts. I wondered whether you would be prepared to comment on the particular initiatives in that report. Do you see that forming part of the COAG process you will be engaged in? Will other states run individual strategies underneath the COAG process or will the umbrella strategy be the one applied?

Mr Eccles—I imagine that it would be an umbrella strategy and each state and territory will have their own specific issues to deal with. We know that the New South Wales government is currently developing a Climate Change Action Plan and that that does have a significant focus in

the health sector. We know that the Victorian government similarly developed the heat wave toolkit but also recently released *Climate change and health: an exploration of challenges for public health in Victoria*. Western Australia is as you mentioned. I believe that the national approach, which is difficult to pre-empt because the discussions have recently started, will provide a broad, overarching strategy and assign particular responsibilities underneath it, and each state and territory will be required to adapt it to their own unique circumstances. One can imagine that the issues facing Tasmania could be quite different from those facing the Northern Territory, to point out extremes.

Ms MARINO—What sort of time frame is there for the development of the COAG umbrella approach? Do you have any indication?

Mr Eccles—Yes. There is a hard deadline that we have to report to—

Mr Coburn—It is required to be done by April 2010.

Mr Eccles—and we have already started to engage with the health CEOs. Papers have gone out to commence the discussions of how we are going to move on that collaborative work program.

Mr MURPHY—Does the department do any evaluation of the public's awareness or the public's response to your education program about the potential adverse health effects brought about by climate change?

Mr Eccles—I do not know. I would need to check with our communications area.

Mr Coburn—I think the answer is probably no, because I am not sure that we have any programs around creating awareness of climate change effects. There is some research on the issue and it potentially will be an issue. I will give one example: heatwave warning systems. There are physiological reasons why that is important. One of the reasons is that, as we get older, the ability for us to be aware that we are becoming too hot is diminished. There is some research, for example, on the take-up of awareness campaigns. But that is not relating to our campaigns; that is just an example of the kind of work that could be looked at.

Mr MURPHY—What types of early warning systems are the most effective?

Ms Halbert—In general?

Mr MURPHY—Yes, in general.

Ms Halbert—For heatwaves, I think that, although several states and territories have got plans, as I mentioned earlier—though you may not have heard—there is still progress to be made on early warnings. In relation to other things, such as natural disasters, emerging infectious diseases and other health emergencies, the system is from the health sector perspective. We have national health security legislation and a National Health Security Agreement with all of the states and territories which enable us to share information when there is an emerging situation that could become a national health emergency. States and territories will usually contact us directly through the National Incident Room, which is a 24-hour operation. We have a duty

officer on 24 hours a day. It is based in the Department of Health and Ageing, and they can provide information to us verbally or through our information systems. I will talk a little bit about the national notifiable diseases system in a minute.

We may also get information from other agencies, including security agencies, or from our own monitoring of international media as to when there is an emerging issue. Once there is, we will do an assessment with the states and territories about whether a response is required. We can activate to various levels. Of course, we are currently activated in response to the human swine influenza. If it is decided that action will be required, the Australian Health Protection Committee will meet. That is comprised of all of the chief health officers from the states and territories. As I mentioned earlier, AusAID, Defence and New Zealand are also members of that. It is chaired by a deputy secretary from the Commonwealth—from the Department of Health and Ageing—and has the Chief Medical Officer on it as well. They themselves have links back into their own jurisdictions, of course. We have three subcommittees: the communicable disease network of Australia, the Public Health Laboratory Network and the Environmental Health Committee. They are comprised of operational people within the states and territories who pick up events as they emerge and provide expert technical advice to the Australian Health Protection Committee as well.

Through our departments and the Australian Health Protection Committee's planning and readiness activities, we, of course, have a whole range of response plans in place. We have the national medicine stockpile. We have technical guidelines and other tools that we would use to be able to respond to an emerging public health emergency. So that is the basis of our early warning system.

In relation to emerging infectious diseases, we have the national notifiable diseases system, which has 65 diseases listed on it. The states and territories report daily as they find cases of those particular diseases. But within the National Health Security Act and agreement we have a provision to add diseases to that as new or previously risky diseases emerge. We can add to that list. They are reporting to us daily on that as well. That will inform, of course, the Communicable Diseases Network and the Australian Health Protection Committee if something is becoming a worry and it needs a response.

Mr MURPHY—Just finally, then: what feedback do you get that the public actually heed your warnings?

Ms Halbert—We have done some research, for example, in relation to the information that we give out about normal influenza and pandemic influenza. That indicates that the routine messages get through to some extent. The research we did, which is a bit old now, suggests that the public are counting on us to let them know when there is an emergency and what to do in the emergency. Of course, we have prepared materials and messages ready to go for different types of events. In terms of broad scale emergencies, though, it is really the function of Emergency Management Australia. They are the lead agency in terms of big scale or generic disasters. They probably have more research than we do on how the public are receiving messages.

Mr MURPHY—Just finally, hence my initial question about the value of having some evaluation program: I am very satisfied that you do a hell of a good job with the limited resources you get that information out the public, and it would be worth testing at a later date.

Ms Halbert—Point taken. I am sure there will be great interest in how the public are receiving messages in this current event that we are managing.

Mrs IRWIN—As we know, there is an inquiry going on into the Victorian bushfires as we talk. It will be interesting to see the outcome of that inquiry. I just want to go back to your submission. I think you stated on the last page:

The Department of Climate Change has advised that they are funding a series of five integrated assessments of which four are in coastal areas.

Then you went on to say:

The project in the Gold Coast—

CHAIR—I already asked that.

Mrs IRWIN—Did you ask that question, Chair?

CHAIR—I did.

Mrs IRWIN—I do apologise. I was not listening. I have to hit my hand. I will go back to that one. Can you just name the four coastal areas? Where you stated ‘they are funding a series of five integrated assessments of which four are in coastal areas’, what are those four coastal areas?

Mr Eccles—I would need to check with the Department of Climate Change.

Mrs IRWIN—Will you take that on notice?

Mr Eccles—Absolutely.

Mrs IRWIN—So I was not that bad.

Mr Eccles—No, it is a good question.

Mrs IRWIN—Thank you very much. If you take that on notice, I would appreciate it.

Dr WASHER—You mentioned multidrug-resistant TB, which always frightens the living daylight out of me. I saw some of this in western China. Under the umbrella of climate change and also economic problems, we anticipate more movement of Papua New Guineans across into the Torres Strait and, possibly, even further into Australia. What do we actually do to monitor, treat, and manage this? I think it is a real worry. You hear this, and it frightens the living daylight out of me.

Ms Halbert—It also frightens everyone else. Quite specifically, we have improved surveillance on the Australian side of the border but, through AusAID funding, we are currently funding a project to improve capacity on the PNG side of the border to diagnose and treat multidrug-resistant TB. That includes building laboratory capacity at Daru Hospital specifically

for multidrug-resistant TB, and also the PNG Central Public Health Laboratory, so that they have their own capacity to detect, treat, and follow up cases of multidrug-resistant TB.

Currently, if a person with MDRTB turns up in the Torres Strait, they usually will be treated. But now we have communications officers on both sides of the border. One of the purposes of that is to ensure that, when the person returns to PNG, they have appropriate treatment, that it is followed up and, hopefully, that they can maintain the treatment on the PNG side of the border rather than having to try to access health services in Australia. That project was begun in 2008, I think, and it is continuing throughout this year. We will be evaluating progress against that initiative as it goes on and seeing if it needs to continue. But, hopefully, the outcome of that will be much improved capacity on the PNG side of the border to detect and treat multidrug-resistant TB.

CHAIR—What is happening now? Just as a follow-on, in terms of the prevalence, is there an increasing incidence?

Ms Halbert—My specific area of knowledge—I will not call it expertise; I would not like to suggest I am an expert—is around the Western Province coastal treaty villages. That area has seen a surprisingly low detection of HIV-AIDS. It had been thought that might be because of poor surveillance but, looking at it, it does seem to be relatively low. But of course in PNG broadly there is a high and increasing prevalence of HIV-AIDS, which is of great concern. To date we have not detected it being brought into the Torres Strait Treaty zone. That is a blessing, but certainly we need heightened surveillance to be on the alert for that, because it is very prevalent in PNG.

Mrs IRWIN—I would like to go back to your submission regarding mental health. My question is about the Mental Health Services in Rural and Remote Areas program. In, I think, your last paragraph, you stated that, in the first stage of the program, nine organisations covering coastal areas were funded—three in drought-affected areas. Then you went on to say that in the second stage of the program, I think it was, 11 organisations that included coastal areas were funded, five of which were in drought-affected areas. Could let the committee know—you might have to take it on notice—the name of those programs?

Ms Krestensen—We may have to take that on notice, unless we have it at our fingertips—and I think we do have it at our fingertips. Under stage 1 the areas in which projects were funded were Katherine; Ceduna; Northern Queensland; Far North Queensland; north-west Queensland; north-west Tasmania; the Kimberley, in WA; the goldfields in WA; south-west Australia and mid-west Australia. I have the specific regions here as well and the auspicing organisations. Would you like to know which organisations were funded as well?

Mrs IRWIN—It would be fine if you tabled it. I was more interested in the organisations that got the funding.

Ms Krestensen—We can table the document.

CHAIR—I think we have exhausted the questions, so on behalf of the committee I formally thank you for attending our hearing today and for your submission, which will add to the body of knowledge that has come before our committee as we begin to think about writing the report and

the recommendations. Our secretariat will send you a copy of the transcript for any corrections. We would be grateful if you could forward back to us the matters relating to the questions that you took on notice.

Resolved (on motion by **Dr Washer**):

That this committee authorises publication of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 11.31 am