

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2010-11, 20 October 2010

Question: E10-124

OUTCOME 1: Population Health

Topic: INDIGENOUS HEALTH IMPACTS ON URANIUM MINING

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Senator Ludlam asked:

Has ARPANSA been requested to provide or provided any advice on this publication (December 2006, IATSIIS Research Discussion Paper No. 20) to any other department or agency?

Answer:

At the time this question was asked ARPANSA had not received any request to provide advice on this publication. However, subsequently, on 25 October 2010, the Department of Health and Ageing requested ARPANSA provide input on a briefing to be given by Secretary Jane Halton to the Australian Health Ministers' Advisory Council (AHMAC) on the IATSIIS Research Discussion Paper No. 20. ARPANSA provided input to the Department of Health and Ageing on 28 October 2010 along the following lines.

The report by the Australian Institute of Aboriginal and Torres Strait Islander Studies (Tatz, C., Cass, A., Condon, J and Tippett, G., (December 2006) *Aborigines and Uranium: Monitoring the Health Hazards*, IATSIIS Research Discussion Paper Number 20) is almost identical to the submission from the Council of the Australian Institute of Aboriginal and Torres Strait Islander Studies to the Review of Uranium Mining, Processing and Nuclear Energy.

The 2006 Uranium Mining, Processing and Nuclear Energy Report (the UMPNER Report) commented on the study undertaken by the Australian Institute of Aboriginal and Torres Strait Islander. The following is an extract from Section M2.7 of the UMPNER publication:

“In its comments on the draft report of the Review, the Australian Institute of Aboriginal and Torres Strait Islander Studies provided information from an exploratory study suggesting that the incidence of cancer in Aboriginal people in the region of Kakadu National Park is very significantly higher than that for Aboriginal people in other parts of the Northern Territory. The possible implication that such an increase in the incidence of cancer could be attributable to radiation exposure arising from the mining of uranium in the region needs to be addressed.

Estimates of the radiation dose received by members of the public from the operation of the Ranger uranium mine have been routinely assessed by the Supervising Scientist and the findings published in annual reports. These results have demonstrated that any increase in radiation levels is small compared to both the background radiation and the public dose limit of 1mSv per year. The health impact of such increases would not be measurable by any epidemiological studies.

A summary of these results, which has been the subject of independent national and international review, was published in 1999 and gave average dose rate estimates of about 0.03mSv per year and 0.01mSv per year for the atmospheric and aquatic pathways respectively.^[163] Thus, noting that these dose estimates refer to people living close to the mine, the maximum radiation dose expected for Aboriginal people living in the Kakadu region over the 25 year operational life of the Ranger mine is about 1mSv. This dose is lower than that required to double the incidence of fatal cancers by a factor of about 5000.

It can be concluded that the reported increase in cancer incidence in Aboriginal people of the Kakadu region, if it were to be verified, cannot be attributed to radiation exposure arising from the mining of uranium in the region. Establishment of a social impact monitoring program agreed to by all stakeholders would be an important step in resolving past difficulties in this area.”

On the basis of current evidence, ARPANSA advises that

- the cancer incidence among the indigenous population in the Kakadu Region and in proximity to the mine should be monitored;
- current radiation monitoring data and calculation of population doses do not support an association between the doses received due to mining activity and the reported elevation in cancer incidence; and
- the causes of verified elevations of cancer incidence warrant investigation.