



The Royal Australasian
College of Physicians



13 August 2015

Professor John Catford
Hazelwood Mine Fire Inquiry
PO Box 24
Flinders Lane VIC 8009

Via Email: info@hazelwoodinquiry.vic.gov.au

Dear Professor Catford,

Hazelwood Mine Fire Inquiry, August 2015

The Victorian Regional Committee of the Australasian Faculty of Public Health Medicine (a faculty of The Royal Australasian College of Physicians) welcomes the opportunity to provide comments to the Hazelwood Mine Fire Inquiry on the health impacts in the Latrobe Valley community relating to the February 2014 Hazelwood Coal Mine Fire.

We believe improving Victoria's public health workforce, including the employment of public health physicians who provide support and leadership to local public health units, is crucial. This will assist in coordinating appropriate actions to secure better health outcomes for communities affected by industrial disasters such as the Hazelwood Coalmine Fire. Public health physicians possess a unique skillset in guiding health service developments, in addition to health promotion, prevention and early intervention programs in the short, medium and long terms.

Please find enclosed the Royal Australasian College of Physicians (RACP) submission to the Hazelwood Mine Fire Inquiry for your consideration.

For further information or to discuss this issue further please contact Angela Hua, Policy Officer, at Angela.Hua@racp.edu.au.

Yours sincerely

Dr Ian Fraser
Chair, RACP Victorian State Committee
On behalf of the Victorian Regional Committee of the Australasian Faculty of Public Health Medicine

Enc: RACP submission to the Hazelwood Mine Fire Inquiry



The Royal Australasian
College of Physicians



The Victorian Regional Committee of the Australasian Faculty of Public Health Medicine

Submission to the Hazelwood Mine Fire Inquiry

August 2015

Summary points

- The 2014 Hazelwood mine fire has had real adverse consequences for the health of residents of the Latrobe Valley
- Further research is needed to fully define these effects
- Coal mining is intrinsically linked to climate change through the pollution of burning coal
- It is difficult or impossible to fully mitigate the risks from open cut coalmines in populated, bushfire-prone regions
- The mine's operator and the Government must ensure that the health of the residents of the Latrobe Valley is protected from further such incidents
- The public health response to the fire was primarily coordinated out of Melbourne, due to the centralised structure of the Victorian Department of Health
- Victoria must improve its public health workforce in local public health units
- Public health physicians have a unique skill set that would be particularly useful in coordinating the local response

Submission

Introduction

Victoria in general and the Latrobe Valley in particular are among the most bushfire-prone regions of the world. The region is home to three open cut brown coalmines, as well as a

population of 75,000 within the Latrobe City Local Government Areaⁱ and many more in surrounding areas. The area is relatively socio-economically disadvantaged and so is particularly susceptible to disease.ⁱⁱ The 9th February 2014 Hazelwood mine fire burned for 45 days and was the most significant and longest burning mine fire ever to occur in the Latrobe Valley.ⁱⁱⁱ

Air pollution in the Latrobe Valley

The fire was a crisis for both firefighting services and public health, with the population exposed to a range of pollutants, including carbon dioxide, particulate matter of various sizes, nitrogen dioxide, sulphur dioxide, polycyclic aromatic compounds, volatile organic compounds, dioxins, furans and metals. These exposures led to a range of complaints from the local population. This is consistent with the known association between these pollutants and a range of both short and long-term health consequences.

Population health outcomes of the fire

Evidence has confirmed links between such exposures and increased mortality and cardiorespiratory morbidity, even though it is often difficult to attribute individual patients' chronic conditions to specific exposures.^{iv,v} Therefore, further research to fully understand the extent of these effects in a Victorian context and the health impacts of this fire, in particular, is essential. Research should include a comparison of data on the incidences of associated diseases, in particular respiratory complications, from both before and after the mine fire in the surrounding population.

Managing health impacts of industry

i. The lack of regional distribution of public health services

The Australasian Faculty of Public Health Medicine (AFPHM) represents a range of public health physicians both inside and outside of government, including supporting the Office of the Chief Health Officer and the public health team of the Gippsland regional office of the Department of Health and Human Services. This is coordinated from the central office of the Department of Health and Human Services in Melbourne and AFPHM physicians provided leadership with health protection work within the department including public health advice during and after the fire. However, there has been a lack of strong local public health leadership and systems including public health physicians permanently positioned in regional Victorian public health units. Victoria lags behind other states in employing public health physicians and trainees within local public health units.

ii. Improving Victoria's capacity to respond to industrial disasters

A full-time public health physician dedicated to the region working with the regional public health manager, health promotion officers and the regional environmental health officer would markedly strengthen the local response and enable the development of a health conservation zone and health advocacy for the Latrobe Valley.

Public health physicians possess the necessary skills to coordinate actions to improve health including key leadership domains in health sector advocacy, development and management; health promotion and disease prevention; health policy; information; and research and evaluation. These skills would be key in guiding health service developments, as well as

health promotion, prevention and early intervention programs in the short, medium and long terms. In addition, clinical medical training ensures that public health physicians possess an in-depth understanding of health, illness and disease prevention and impacts on these, along with high levels of authority and credibility in influencing health beliefs and behaviours. This ensures that public health physicians are uniquely placed to liaise and bring together the multiple health sector and community stakeholders required to achieve public health objectives.

AFPHM is the primary training body for public health physicians and has the resources to assist with supporting the regional supervision of training public health physicians. This would be a key support to maintain a sustainable public health leadership to implement long-term interventions. State Government funding for Public Health trainees carrying out research in this area may also be considered.

iii. Developing stronger linkages between regional hospitals and local General Practitioners (GPs)

The responsiveness of the health system in the Latrobe Valley can be further strengthened by improving links between the regional hospital and community health facilities, primarily GPs. A highly able GP liaison officer would be instrumental in directing patients to the appropriate medical specialist in a timely manner, which would avoid unnecessary Emergency Department presentations. Likewise, a GP liaison officer would be able to facilitate communication and services to patients with complex medical issues being transitioned home.

Other issues to consider following the fire

We acknowledge the request for a cost-benefit analysis of health promotion interventions in response to the health consequences of the fire. Unfortunately, as an unpaid voluntary committee, we are not in a position to provide such an analysis. However, this should be an early task of an appropriately resourced public health assessment and is a core part of the activities of a public health physician. A number of options would be available to be prioritised by local community leadership and consultation.

A resourced Health conservation zone and Health advocate proposal would be an important opportunity for the Latrobe Valley community to use well-understood public health principles to have local leadership lead health improvement to reduce relative disadvantage.

The extraction of fossil fuels and its impact on climate change

In general, we support the principle that the operators of mines benefiting from extracting Victoria's natural resources should be responsible for ensuring that no adverse consequences arise for the broader community or provide compensation and assistance if such consequences do occur. The operator of the mine, GDF Suez, has been criticised for inadequately informing the local population of the risks from the fire.^{vi} More recently, the company's failure to pay for the firefighting efforts has not provided confidence that the company will protect the health of the residents of the Latrobe Valley.^{vii} As it is unlikely that the Government would be able to ensure the safety and health of both the local and Victorian populations, closing the mines and moving towards renewable energy should be a

priority. Renewable energy sources are far safer for human health than fossil fuels, especially coal.

Air pollution is closely linked to climate change,^{viii} an issue on which The Royal Australasian College of Physicians (RACP) has advocated strongly. The RACP has recently divested from all investment in fossil fuels and stressed the importance of acting locally, as well as nationally and globally, to protect the health of all Australians.^{ix} Coalmines contribute to climate change by creating fuel to be burned in power stations and through direct fires, while in turn, climate change increases the likelihood that extreme weather events will lead to such fires.

Peter Howard, Genevieve Cowie, Bruce McLaren, Mark Newell and James Trauer for the Victorian Regional Committee of the Australasian Faculty of Public Health Medicine

Endorsed by the Victorian State Committee of the Royal Australasian College of Physicians.

ⁱ Australian Bureau of Statistics. 2011 Census QuickStats. Available at: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/LGA23810?opendocument&navpos=95

ⁱⁱ Australian Bureau of Statistics. 2033.0.55.001 – Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia 2011.

ⁱⁱⁱ Hazelwood Mine Fire Inquiry. The Hazelwood Mine Fire.

^{iv} Kjellstrom TE, Neller A, Simpson RW. Air pollution and its health impacts: the changing panorama. *Med J Aust* 2002; 177(11): 604-8.

^v Brunekreef B, Holgate ST. Air pollution and health. *Lancet* 2002; 360(9341): 1233-42.

^{vi} Davidson H. Tim Flannery says coal communities are being kept in the dark about dangers. *The Guardian*. 6th March 2014.

^{vii} Arup, T. Hazelwood owners GDF Suez refusing to pay \$18 million mine fire bill. 6th July 2015. Available at: <http://www.theage.com.au/victoria/hazelwood-owners-gdf-suez-refusing-to-pay-18-million-mine-fire-bill-20150706-gi6e6y.html>

^{viii} Watts N, et al. Health and climate change: policy responses to protect public health. *The Lancet*. 23rd June 2015. Available at: <http://www.thelancet.com/commissions/climate-change-2015>

^{ix} Talley N for the Royal Australasian College of Physicians. Climate Change – health impacts require urgent attention, Media Release. 23rd June 2015.