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## Hazelwood Mine Fire Inquiry

### May 2015

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## 1. Introduction

The Australian Nursing and Midwifery Federation (ANMF) was established in 1924. The ANMF is the largest industrial and professional organisation in Australia for nurses and midwives, with branches in each state and territory of Australia, representing in excess of 243,000 members.

The Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] represents more than 73,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations in both public and private health and aged care sectors and in all specialty areas of nursing and midwifery.

The core business for the ANMF is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery. The ANMF (Vic Branch) has an interest in policy development as policy influences the direction given and commitment to the health and well-being of the community and the management of demands placed on the health system.

The ANMF's position statement on *Climate Change*<sup>1</sup> and policy on *Health and Environment*<sup>2</sup> guides the ANMF (Vic Branch) in representing our membership and acting on the link between a healthy environment and the health of the population. We recognise the burden placed on the health workforce as a result of the increased demand on health services when human health is harmed.

In 2012 at the ANMF (Vic Branch) delegates' conference a resolution was passed directing ANMF to become more involved in policy debate on climate change and environmental issues.

The ANMF (Vic Branch) welcomes the opportunity to contribute on behalf of our members to the re-opened Hazelwood Mine Fire Inquiry regarding the:

*"Short, medium and long term measures to improve the health of the Latrobe Valley communities having regard to any health impacts identified by the Board as being associated with the Hazelwood Coal Mine Fire."*

In responding to the terms of reference the ANMF (Vic Branch) has considered the content of the Hazelwood Mine Fire Inquiry Report 2014, in particular Part Four *Health and wellbeing*.

<http://report.hazelwoodinquiry.vic.gov.au/print-friendly-version-pdf>

In addition we are informed by information provided by our members living in the Latrobe Valley and /or working in the breadth of clinical nursing and midwifery services across public, private and general practice areas in the Latrobe Valley.

## 2. Executive Summary

The Hazelwood Mine Fire Inquiry Report 2014 has revealed a tolerance on the part of government, the local, and broader community for exposing the Morwell and Latrobe Valley residents and workers to unacceptable levels of risk from air pollution.

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<sup>1</sup> [http://anmf.org.au/documents/policies/PS\\_Climate\\_Change.pdf](http://anmf.org.au/documents/policies/PS_Climate_Change.pdf)

<sup>2</sup> [http://anmf.org.au/documents/policies/P\\_Health\\_Environment.pdf](http://anmf.org.au/documents/policies/P_Health_Environment.pdf)

The risks withstood are not just those related to the exposure to harmful environmental factors arising from the 45 day fire causing a state of emergency, but also because of the ever present risks from harmful levels of air pollution due to proximity to the mining operations of the coal industry.

The Latrobe Valley community has a population profile that is characterised by clusters of people who are disadvantaged in respect to health outcomes and socio-economic opportunities. The population includes an aging population, people suffering lung cancer and chronic disease, aboriginal people who generally suffer poorer health outcomes, people with a high incidence of asbestos related disease and people requiring disability assistance.

The community has access to usual inpatient and community services but special consideration for extraordinary assistance is warranted to lift the overall health outcomes of the community and to respond to the potential ill effects of the coal mine fire.

In considering the underlying ill health of the population, the community deserves an injection of resources and programs to assess and monitor health status and improve the health of the community both in the short and the long term.

These programs and health measures must include health promotion and ill-health prevention measures to assist the community to manage their health needs and to properly understand the benefit of mitigating risk factors.

Nurses and midwives are well equipped to participate in delivering the health services that will improve the overall health of the community. Nursing and midwifery skills fit well with the primary and community model of care.

In its efforts to inquire and report on the health response to the coal mine fire, the Inquiry has established a lack of co-ordination and health leadership from government and key community members. The delays in providing information, questionable regulatory standards and the lack of protocols relating to exposure of risks to pollutants has led to an exacerbation of health risks for a community already suffering poor health outcomes.

The ANMF (Vic Branch) supports the recommendations in the Future proposals arising from the Inquiry, in particular the establishment of a Health Conservation Zone and appointment of a Public Health Advocate.

These measures will serve to appropriately profile and prioritise the health needs of the community, many of whom have no alternate options in deciding their place of residence and place of employment.

**3. The ANMF (Vic Branch) responds to the terms of reference relating to health as follows:**

**A. Any relevant activities and initiatives that you currently provide in the Latrobe Valley**

- a) Members of the ANMF (Vic Branch) are engaged in the delivery of a comprehensive range of nursing and midwifery services in the Latrobe Valley.

The Latrobe Regional Health Service offers the community emergency care, inpatient general medical, aged care, surgical and specialty services including gynaecology, orthopaedics, paediatric, maternity care, mental health rehabilitation, and cancer services.

Latrobe Community Health Service provides in-home nursing services to help patients manage chronic illnesses such as respiratory disease, diabetes.

Nurses also play an important role in health promotion, participating in the health education of school age children, management of health conditions, prevention of disease and education on healthy lifestyle choices.

Maternal and child health nurses are employed in local government and are responsible for the delivery of care to newborns through to school age with an emphasis on monitoring children's growth and development as well as the health and well-being of the mother.

Nurses are also employed in private health, general practitioner clinics.

All these services are available to the community to respond to health issues including those related to the health consequences of exposure to the coal mine fire.

- b) The establishment of the Latrobe mine fire clinic in Morwell coincided with the re-opening of the Hazelwood Mine Fire Inquiry. It is available to community members who have been affected by the fire. It is operated by the Latrobe community health service with a registered nurse providing health assessments including respiratory and cardiovascular checks, blood glucose, waist circumference checks and psychological assessment and referrals. The clinic is a source for the collection of valuable de-identified data to be provided to the DHHS.
- c) A Latrobe regional health lung function testing facility service was announced in June along with the re-opening of the mine fire inquiry. This service is not directly related to the mine fire but provides the community a service for measuring health and respiratory function in recognition for the high incidence of disease due to exposure to air pollutants.

**B. Any recommendations for strategies, approaches or programs that you think would assist**

- a) Expanding the operation and function of the of the nurse led mine-fire clinic:

The ANMF (Vic Branch) questions the current narrow focus of the mine fire clinic service. Confining the clinic service to supporting members of the community who self-identify as having been affected by the fire runs the risk of missing people who are no longer symptomatic and therefore either believe or hope they are not at risk of ill-health in the future.

Many of these members of the community, who no longer have obvious symptoms are nevertheless exposed to health risks.

The community deserves support having suffered exposure to major pollutants from the brown coal fire including particulate matter, gases such as carbon monoxide, sulphur and nitrogen dioxide and air toxins – all of which are harmful to human health.

Many members of the community suffered a variety of ill health symptoms during the fire crisis. These health signs and symptoms ranging from nosebleeds, nausea, headaches, sore / itchy eyes, cough, productive cough, asthma hypertension, disrupted sleep, itchy skin, sinusitis, sore throat, ear infection, gastric upset, stress, fatigue and mental health issues dissipated once there was a reduction in the exposure levels.

The Report identified that there is a level of acceptance in the community for withstanding poor health outcomes and electing not to access mainstream health services despite having sometimes distressing symptoms.

Broadening the scope of the clinic and pro-active encouragement to attend the clinic for routine health assessment and monitoring for symptoms of ill-health that may or may not be related to the mine fire would send a positive message that the health and well being of people is valued.

The function of the nurse-led clinic would include assessment, monitoring and referral, with the added benefit of collecting data.

Data collection would include differentiating members of the community who suffer on-going symptoms from the fire and those who believe they are exhibiting new symptoms

- b) Provide a specific response to the health needs of newborns and children:

Air pollution can affect the developing foetus via maternal exposure. Studies have shown a correlation between maternal exposure to air pollution, and pre-term birth, low birth weight and intra-uterine growth restriction. In addition, a longstanding line of evidence<sup>3</sup> suggests that exposure to harmful levels of air pollutants accrued during sensitive periods of organ development may predispose an individual to developing certain cardiovascular pathologies in adulthood.

The potential for children to experience serious health risks from air pollution that may relate to childhood cancer and poor birth outcomes is a matter raised in the research undertaken by the University of Queensland and the University of the Sunshine Coast for the Department of Environment and Heritage<sup>4</sup>. The report makes the point these risks remain unknown as there have not been studies to examine the health impacts on children. Also, it is a mistake to treat children as little adults.

Children in particular are vulnerable to compromised air quality with immature lung development, particularly for newborns at risk of respiratory compromise. Symptoms of asthma and respiratory problems can be long lasting when there is an increase in air pollutants and particulate matter.<sup>5</sup>

The ANMF supports a 20 year longitudinal study and believes it is critical that the government implement longitudinal studies to monitor the long-term effects on children born to mothers who were exposed to the pollution.

- c) Build and expand on the existing health promotion programs currently provided by community nurses and the Latrobe Regional Health Service.

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<sup>3</sup> Early Life Exposure to Air Pollution: How Bad is it? - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3527658/>

<sup>4</sup> <http://www.environment.gov.au/system/files/resources/5b92642a-72ff-43f3-ab4c-6490afc7498f/files/report7.pdf>

<sup>5</sup> Outdoor air pollution and asthma in children, Lillian Tzivian, Journal of Asthma 48; pp470-481, 2011

During the mine fire many people reported a sense of despair and worry about the health effects of pollutants. The community needs to be supported in understanding the risks of poor air quality, the benefits of taking control and determining their own health and well-being by making lifestyle choices such as diet, alcohol consumption and smoking.

Health promotion should be implemented across all points of contact in the community including schools, health services, community services, community groups. The purpose is to:

- assist in overcoming the complacency around acceptance of poorer health outcomes; and
- educate on measures that can be adopted to enhance health and reduce risk eg smoking, diet and activity.

d) Nurse practitioners

Members report the community is disadvantaged by the limited access to medical services in particular the availability of medical specialists, and as a result of the regular turnover of general practitioners in the community.

The nurse practitioner role provides clinical expertise that fits well with a model of care that relies on co-ordinating and collaborating with health professionals. The target clinical areas of need for the Latrobe community such as chronic disease, respiratory care, mental health and newborn services would benefit the community and fill the gaps in service delivery for these specialty health needs. Continuity of care would benefit patients.

**C. What capacity and resources your organisation may be able to offer to support improvements in the health of the Latrobe Valley communities in the next few years**

The nursing and midwifery workforce is well placed to provide the specific health needs for the Latrobe Valley community. Their skills in assessment, planning and co-ordinating care, monitoring vulnerable groups, education and managing referrals fits with the particular requirements of this community.

Nurses and midwives would benefit from education and training in particular clinical areas such as chronic disease management, cancer services, paediatric service, respiratory medicine, to build capacity to meet the demand of the community.

**D. Your consideration of the proposals concerning a Health Conservation Zone and Health Advocate for the Latrobe Valley, as detailed in the Report of the Hazelwood Mine Fire**

Inquiry available at: <http://report.hazelwoodinquiry.vic.gov.au/> . In particular see Future Proposals at: <http://report.hazelwoodinquiry.vic.gov.au/executive-summary-2/future-proposals> and Matters for Further Consideration at <http://report.hazelwoodinquiry.vic.gov.au/part-four-health-wellbeing/health-response/matters-consideration> .

The ANMF (Vic Branch) supports the implementation of the above measures to provide a particular focus on the importance of the health of the community and to remedy the many years of neglect from insufficient and targeted health care delivery.

#### **E. Any other matters of relevance**

The Inquiry report makes the point that the coal mine industry contributes to the economic health of the state of Victoria yet the people living in the Latrobe Valley are the most disadvantaged in respect to socio-economic and health outcomes. There is high unemployment and many in the community feel a sense of despair for their future prospects.

The most obvious and effective measures for improving the health and well-being of the Latrobe Valley community would come from removing the source of the air pollutants.

There is mounting pressure to challenge the economic benefits to the state of Victoria for what is not only the largest emitter of greenhouse gases but also an industry that represents a \$900m annual cost according to a report by two Harvard fellows.<sup>6</sup>

The cost analysis includes quantifying the damage to the environment and the cost of health problems.

Bloomberg new energy finance reports in April 2015

*The race for renewable energy has passed a turning point. The world is now adding more capacity for renewable power each year than coal, natural gas, and oil combined. And there's no going back.*

Bloomberg further reports that most recent calculations of costs per kilowatt hour for wind energy is now less than the cost of coal. Energy from solar (photovoltaic panels) is expected to cost less than gas by 2017 and become the dominant source in the long term.<sup>7</sup>

With this knowledge the delay in transitioning to safer and cleaner energy sources is not only compelling but essential. The ongoing neglect of people's health and the financial costs associated with propping up the health of the community warrants a re-think of current reliance on the coal industry. The economic shift to renewables must include employment opportunities and supports for people living in the Latrobe Valley and the development of a plan, in consultation with all stakeholders, to create employment and give hope to the declining prosperity of the community.

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<sup>6</sup> <http://www.theage.com.au/victoria/the-hidden-cost-of-the-hazelwood-coal-power-plant-20150417-1mnmf.html#ixzz3hffbPZav>

<sup>7</sup> <http://www.bloomberg.com/news/articles/2015-04-14/fossil-fuels-just-lost-the-race-against-renewables>



#### **4. Conclusion**

The combination of the community's pre-disposition to poor health outcomes in the Latrobe Valley including cancer, diabetes mental health disorders, cardiovascular disease, asthma and injuries and the exposure to the emissions of particulate matter, toxins and gases from the mine fire demands a range of services.

The ANMF (Vic Branch) supports an injection of health and education measures to support the community in managing their poor health outcomes. In particular, services should focus on vulnerable members of the population, such as those with pre-existing chronic health conditions, pregnant women and children.

The measures should include providing health services that fit with the clinical practice of nurses and midwives, provided in community settings as well as inpatient units.

#### **5. Recommendations**

1. Maximise the expertise of nurses and midwives in the provision of care including through specialist nurse-led clinical practice and nurse practitioners.
2. Provide education and training to build nursing and midwifery workforce capacity to meet the particular needs of the community.
3. A 20 year longitudinal long term health study.
4. Develop educational material for targeted groups that specifically provides health information about the impact on health from poor air quality.
5. Incorporation of environmental health as a strategic priority in the Latrobe Regional Health Statement of Priorities.
6. Prioritise the health of vulnerable groups.
7. Prioritise the health needs of newborns and children.
8. Consideration for incentives for health care specialists to transfer to the Latrobe Valley.
9. Create a Health Conservation Zone in the Latrobe Valley to improve and broaden the co-ordination and integration of health services.
10. Appoint a Health Advocate for the Latrobe Valley who is independent and whose role is to advocate for the interests of community members about health related matters.
11. Plan the economic and employment opportunities associated with transitioning the community from a coal based economy, including expanding the renewables economy.

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