

## **Submission to PAC Determination of Rocky Hill Coal Project**

**by Dr Steve Robinson on behalf of Gloucester Environment Group**

I have represented the Gloucester Environment Group at the Community Consultative Committee since its first meeting in February 2007. At that time I was still in practice as a psychiatrist here in Gloucester and my various submissions have focussed on the health impacts of mining with a particular bias to mental health impacts.

My submission to the Amended DA was entirely about mental health impacts from mining and I described a number of patients whose mental health problem was predominantly mining related. I will not repeat this but offer this as evidence of **the extent** of mental health impacts in both the exploratory and production phases of mining. This goes largely unrecognised.

I have read the Final Assessment Report and for the first time I had the feeling my past submissions had been read and in part incorporated. I thank the Department for supporting the concept of baseline health testing for the community closest to the mine. I applaud them for their concern that effective noise control for a group of residences close to the mine may be unreliable, and for acknowledging that since all fine particles are health damaging there are no safe limits, just limits decided on industrial grounds which only partially contain the health impacts. Also that many residents chose to live here because of the excellent air quality and evening quiet and any reduction is an unwelcome imposition.

Obviously I am thankful to the Department for refusing the application. However it is on slightly differently weighted grounds than my opposition to the proposal.

### **The Inadequate Representation of Health Impacts by Mining and a lack of Duty of Care**

This presentation details The Inadequate Representation of Health Impacts caused by Mining. Associated with downplaying the extent of health impacts the government and industry neglect their necessary Duty of Care.

There is a lack of congruence between how the public views the health impacts of this mining proposal and how the Department assesses it.

The public placed health impacts very high among the reasons most people gave for rejecting the proposal. The Department are ambivalent about the importance of health impacts, sometimes acknowledging their likelihood but ultimately using language such as 'acceptable' and 'not significant'. This is backed up with a ridiculously understated costing of likely health impacts.

The reasons for the grossly inadequate documentation of the health impacts are multiple:-

In the exploration phase there has been a mindset in the Department that health impacts equate to air, water and noise pollution and that these don't happen until production starts. Consequently the legislation doesn't include required input from NSW Health nor is there any mechanism for this to occur should they become aware of a problem. Their specialist environmental health unit is given the sole responsibility for health input for major projects but has no staff with specialist mental health expertise.

A blindness consequently exists concerning the inadequacy of mental health advocacy and mining harms. There is a culture of sanitising language such as 'loss of amenity' being used which avoids acknowledging the noxious nature of constant noise, devastated cherished scenery and the interference to circadian rhythms caused by light pollution.

The ignorance about mental health is starkly shown when the Department assumes the evident community stress will resolve when there is certainty about the future, even if this certainty is project approval with daily blasting, noxious fumes and black dust entering every part of your home. Is it ignorance, or refusal to consult, or deliberate deception which has led to the Department stating that all sleep interference problems have been solved by ceasing work at 10pm? What about children, the elderly and shift workers, their sleep may well be disturbed.

A major contributor to the inadequacy of the representation of health impacts is the Health Risk Assessment (HRA). It is a statistical tool that sounds from its title to be the key guide concerning health impacts and it has been the cornerstone of the health component in Environmental Impact Statements. Its severe shortcomings stem from the fact it focuses on deaths and to do this very large populations are required. The underlying studies are therefore of city populations affected by city air quality problems. The health status of rural populations, affected by mining related air particles, are just assumed to be the same as city populations affected by very different industries. As well as deaths the HRA estimates expected admissions to city hospitals. To assume rural mining is identical to city industry is a massive assumption that casts great doubt on the validity of this instrument for this purpose.

If an individual suffers chronic stress, as many living close to Rocky Hill Mine site do, this is likely to impair their immune response and this will magnify the health impacts. The city populations on which the HRA is based do not have this setting of chronic stress, further making the HRA both a deceptive and inappropriate tool.

The HRA is very limited in that it does not record the very much more frequent mining related general practitioner presentations, prescriptions prescribed, time off work and school from mining related illness, or other illnesses not brought to the attention of a medical practitioner. The failure to do all of this is the basis for my assertion that the health costing is ludicrously low.

The peak medical body in Australia is the Australian Medical Association. For several years they have been adamant that the community living close to a mining venture should be the subject of a Health Impact Assessment (HIA). This assessment is individualised and very different from the HRA. We know the Forbesdale community, which is the closest one to the mine, is an elderly one with numerous people moving there because they had poor health and were seeking a pristine environment. Invoking the

precautionary principal every member of the community around the mine would be offered:- (1) A health examination, such as the miners receive on employment.(2) Appropriate health education about harm minimisation. (3) Ongoing monitoring. This then starts to discharge the duty of care which is notably absent in the HRA model.

Page 32 of the Final Assessment details the location of 278 residences within 3km of the limit of disturbance. In Gloucester we average 2.5 persons per residence, therefore about 700 people could be 'At Risk' living within 3km. In a study of GP asthma prescriptions required for children living near a UK open cut coal mine it was found the closer they lived to the mine the higher the need for medication. Those children living one mile away needed three times the general community rate, at two miles (3km) it was double the normal rate and it wasn't until 3miles (5km) that the prescription rate merged with the general community rate. This suggests baseline screening should at least be provided for those 700 people who live within 3km.

Not far from Rocky Hill Mine is the village of Stratford with about 150 people, many with serious health problems, living very close to Stratford mine which commenced in 1995. The government approved that mine and various extensions but have never done a health survey of the residents. The processing of the Rocky Hill Mine coal will likely further impact the health of the Stratford community. They also need to be included in health monitoring.

Clearly the government has been negligent in ignoring the unequivocal advice from the AMA that HIA baseline testing and ongoing monitoring should be required for those at risk. Mental health assessment should be a prominent part of the baseline. This should include sleep quality and noise sensitivity assessment as well as baseline anxiety and depression levels. Lung function, blood pressure and hearing testing should all be done routinely. All of this should be in the original Director Generals Requirements.

In summary the Final Assessment down plays the extent of health impacts. There has been a traditional avoidance of recording mental health impacts of mining together with an inappropriate use of the Health Risk Assessment as a smoke screen to create an illusion that health impacts are slight and acceptable. The government should heed the advice of the AMA that a Health Impact Assessment should be mandatory for major projects. Health Impacts should be appropriately costed.

I recommend the Commission reject this mining application.

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