



## VICTORIAN GOVERNMENT SOLICITOR'S OFFICE

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9 July 2015

Ms Justine Stansen  
Solicitor to the Board  
Hazelwood Mine Fire Inquiry

### *By Email*

Dear Ms Stansen

### **Board of Inquiry into Hazelwood Coal Mine Fire - State's Response**

Thank you for your letter of 18 June 2015 requesting documents from the Department of Health and Human Services (DHHS) and for the opportunity to discuss the letter with you on 25 June 2015. We respond to your request for documents as follows:

#### **Request 1**

1. *Details of strategies, plans and actions taken by DHHS and relevant briefings prepared by DHHS*

The DHHS has commissioned a long term health study into the potential health impacts of the Hazelwood Mine Fire. Researchers will identify potential health outcomes for people who may have been impacted by the smoke from the mine fire. These might include heart and lung disease, cancer or mental health problems. It will also look at the effects on vulnerable groups such as infants and children, young people, and older people.

The study is led by Professor Michael Abramson and Professor Judi Walker at Monash University. The DHHS encourages the Board to contact Monash University to discuss the long term health study further, contact details are as follows:

#### **Professor Michael Abramson**

Project Lead - Hazelwood Mine Fire Study  
Professor of Clinical Epidemiology & Deputy Head  
Department of Epidemiology & Preventive Medicine, Monash University  
School of Public Health & Preventive Medicine  
The Alfred, Melbourne, Vic 3004, Australia  
Ph: (03) 9903 0573 or (03) 9903 0573  
Email: michael.abramson@monash.edu

**Professor Judi Walker**

Project Lead - Hazelwood Mine Fire Study  
 Professor and Head, School of Rural Health  
 Faculty of Medicine, Nursing and Health Sciences  
 Monash University Victoria 3800  
 Ph: (03) 9905 5900 Mob: 0418 508 680  
 Email: [Judi.Walker@monash.edu](mailto:Judi.Walker@monash.edu)

2. *Press releases, public statements and information provided from websites by DHHS*

Public statements and information from the website following the conclusion of the first HCMFI are attached as follows:

- 2.1 Department of Health Reports of deaths in the Latrobe Valley claimed to be related to the Hazelwood Coal Mine fire dated September 2014
- 2.2 Analysis - Reports of deaths in the Latrobe Valley claimed to be related to the Hazelwood Coal Mine fire
- 2.3 Department of Health Community fact sheet entitled Reports of deaths in the Latrobe Valley related to the Hazelwood coal mine fire dated 22 October 2014
- 2.4 Department of Health Webpage - Content regarding Reports of deaths in the Latrobe Valley claimed to be related to the Hazelwood Coal Mine fire - Update - October 2014

3. *Any analysis (statistical or otherwise) undertaken internally by DHHS*

In order to better understand claims of a spike in deaths associated with the Hazelwood Mine Fire, the DHHS reviewed datasets from Births, Deaths & Marriages Victoria (BDMV). The DHHS reviewed two datasets from BDMV.

In September 2014 the DHHS received a dataset from BDMV outlining the number of deaths for postcodes 3840, 3842, 3825 or 3844, for the period January – June, 2009 – 2014. This data was reviewed internally; the analysis is made available to the Board:

- 3.1 Latrobe Valley death data analysis - Rosemary Lester - September 2014
- 3.2 Latrobe Valley death data analysis - Rosemary Lester - November 2014

The DHHS requested unit record (containing date of birth, date of death, gender, cause of death, postcode of usual residence at date of death) data extract for the period January 2009 to 2014.

The DHHS compared the second mortality dataset to daily PM2.5 levels (obtained through the EPA) and daily mean temperatures for the period 9 February to 25 March 2014.

The DHHS further analysed hospital emergency admissions data for the whole of Victoria, where usual place of residence at the time of admission was listed as postcode 3840, 3842, 3825 or 3844. This data was also analysed against daily PM2.5 and daily mean temperatures.

A review of the population census data was also undertaken for the four postcodes in order to assess population change over time.

A detailed breakdown of the above, is made available to the Board of Inquiry, see:

### 3.3 Morwell enquiry 2015

The DHHS also reviewed BDM mortality data for 2009, a period of comparable conditions with heatwave and smoke events. The 2009 mortality data for the four postcodes showed deaths that were directly attributable to either fire or smoke, for example exacerbation of Chronic Obstructive Pulmonary Disease (COPD) or asthma.

A summary of the above analysis is made available to the Board, see:

### 3.4 Morwell enquiry 2

The DHHS requests that the Board does not make this document available to the public, as it contains sensitive and potentially identifying information.

## 4. *Any external studies or reviews undertaken or commissioned by DHHS*

To better interpret the two datasets received from BDMV the DHHS commissioned the following reports from the University of Melbourne.

- 4.1. Review of BDMV mortality data for the Latrobe Valley and the time of the Hazelwood coal mine fire in Morwell dated 16 September 2014;
- 4.2 Age-standardised mortality and cause of death in the Latrobe Valley at the time of (and five years prior to) the Hazelwood coalmine fire in Morwell, Victoria dated 4 June 2015;

The DHHS also engaged the University of Melbourne to undertake a “peer review” of two unpublished papers by A. Barnett, Queensland University of Technology.

- 4.3 An updated analysis of death data during the Morwell mine fire,” A. Barnett, working paper, unpublished (2015, Queensland University of Technology) dated 28 April 2015; and

The DHHS contracted Monash University to review morbidity and mortality studies to determine whether increased mortality in the short or long term attributable to environmental or smoke events can occur without an observed increase in morbidity.

- 4.4 Literature Review on Mortality & Morbidity associated with Environmental Smoke Events dated 5 May 2015.

The DHHS welcomes the Board of Inquiry’s independence and encourages the Board to approach the Universities to discuss the contents and findings of the reports above. Letters of authority addressed to the University of Melbourne, and Monash University authorising the release of the reports are attached.

## 5. *Details of any analyses undertaken, if any, by DHHS of comparison Local Government Areas to Latrobe City, including those used in Healthy Together Victoria*

Materials about local demographic and health data for Morwell and local municipal health plans are made available to the Board of Inquiry.

The most comprehensive source of information for Gippsland region, Latrobe Valley, and Latrobe City is at:

<http://www.health.vic.gov.au/regions/gippsland/gippslandhealthonline/index.htm>

A summary of Australian Bureau of Statistics demographic data on Morwell and for Latrobe Local Government Area is attached.

5.1 2011 Census QuickStats Latrobe

5.2 National Regional Profile Latrobe

A summary of the risk factor and health behaviour profile for Latrobe Local Government Area from the Victorian Population Health Survey is attached.

5.3 Snapshot from 2011-12 VPHS

The Victorian Population Health Survey report is voluminous, and can be found at:

<http://www.health.vic.gov.au/healthstatus/survey/vphs.htm>

Please advise if require a hard copy the Victorian Population Health Survey Report.

6. *Any other information you consider relevant to the Terms of Reference at Paragraph 6.*

6.1 Morwell deaths enquiry deaths by postcode month and year

## **Request 2**

1. *Details of any action proposals already underway or under consideration by DHHS*

The DHHS vision is lived through working together to achieve the best health and wellbeing for all Victorians. DHHS seek to achieve this vision by positively effecting change in the operation and development of the Victorian health care system.

DHHS aim to develop a system that is responsive to the diverse range of people's needs which in turn improves the health status and experience of all Victorians. Where possible expanding services to create a vibrant and worlds best practice workforce and system capacity by exploring innovation and leading continuous improvement activities.

The *Public Health and Wellbeing Act 2008* is a legislative scheme which promotes and protects public health and wellbeing in Victoria. A legislated function of Victorian Councils under this Act is to seek to protect, improve and promote public health and wellbeing within the municipal district by:

- Creating an environment which supports the health of members of the local community and strengthens the capacity of the community and individual to achieve better health
- Initiating, supporting and managing public health planning processes at the local government level
- Developing and implementing public health policies and program within the municipal district.

The Act requires councils to prepare a Municipal Public Health and Wellbeing Plan within 12 months of each general election of the council. A municipal public health and wellbeing plan must:

- Include an examination of data about the health status and health determinants in the municipal district
- Identify goals and strategies base on available evidence for creating a local community in which people can achieve maximum health and wellbeing
- Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan.
- Specify how council will work in partnership with the department and other agencies undertaking public health initiatives, project and programs to accomplish the goals and strategies identified in the public health and wellbeing plan.

The Healthy Together Latrobe initiative. Latrobe City Council and Latrobe Community Health Service have formed a partnership to deliver this major initiative that aims to improve people's health where they live, learn, work and play by addressing the causes of poor health in settings and communities and to strengthen Latrobe's health prevention system.

The funding provided to Latrobe Community Health Service for health promotion was integrated into the Healthy Together Latrobe Initiative. This concentrated health promotion activities and aligned the work of the Council and community health on the key behavioural determinants of health.

The Latrobe City Council has responsibility for local health issues and has developed a Health and Wellbeing Plan. The Health and Wellbeing Plan is informed by data provided by DHHS and is available on the DHHS and the Latrobe City Council websites, a copy is also attached:

#### 1.1 Latrobe City Municipal Public Health & Wellbeing plan 2013-17

An extract of the goals, strategies and measures from all plans for councils in the Gippsland region is also attached:

#### 1.2 MPHWP priorities\_2013-17\_Gippsland

The DHHS encourages the Board to contact the Latrobe City Council to discuss the contents of the Latrobe City Municipal Public Health & Wellbeing plan in detail. The appropriate contacts at Latrobe City Council are:

**Sara Rhodes-Ward**

General Manager Community Liveability, Latrobe City Council

Email: Sara.Rhodes-Ward@latrobe.vic.gov.au

Ph: (03) 5128 5614

PO Box 264, Morwell 3840

141 Commercial Rd, Morwell 3840

**Alistair Edgar**

Manager Healthy Communities, Latrobe City Council

Email: Alistair.Edgar@latrobe.vic.gov.au

Ph: (03) 5128 5694

PO Box 264, Morwell 3840

141 Commercial Rd, Morwell 3840

Also attached is an outline in relation to the Victorian Health Policy and Funding Guidelines 2014/15 relating to a platform of service provision across Gippsland and Latrobe Valley. These services are delivered on public and community health service platform.

### 1.3 DHHS Service Funding in the Latrobe 2014-15

In May 2015, the Department of Health & Human Services convened a roundtable of stakeholders in the Latrobe Valley to discuss the Inquiry's proposals to create a Health Conservation Zone and appoint a Health Advocate. Latrobe City Council, current staff, councillors and former councillors and mayor were involved in the roundtable. Other state and federal government representatives and community services were also represented.

The aim of the roundtable was to increase understanding of similar initiatives from an international perspective. In particular, the group discussed the UK's Health Action Zone model, as referred to by the Board; and the US Empowerment Zone and Enterprise Communities initiative and considered how these could be enhanced to integrate a focus on the environment.

The Department has undertaken internal consultation in relation to the concept of a Health Conservation Zone and Health Advocate. This has been in the form of a discussion paper about the concept and consideration of establishing a Latrobe Health and Wellbeing Consultative Council as the principle mechanism for overseeing the Latrobe LGA and a Health Conservation Zone. A draft paper proposing approaches to community engagement is currently being considered. These papers have been for internal consideration before embarking on this concept with community.

We respectfully request the Board of Inquiry that these papers attached are not 'published' at this point in time; as it will compromise the community engagement approach undertaken 'with community'. For consumers, carers and community members' true participation within the delivery of health services is integral. We are conscious a key criticism of the previous inquiry focussed on the poor information provision and community engagement, we hold the view that the release of these

- 7 -

papers will compromise and further entrench community perceptions of 'doing it to us not with us'.

If the Board of Inquiry does plan to publish these papers then it is respectfully requested that the Board advise the Department to ensure we are best placed to respond to any queries.

2. *Any particular programs or approaches for improving the health of the Latrobe Valley communities that DHHS believes would be of benefit for further consideration by the Inquiry*

See paragraph 1 above.

3. *DHHS' considerations 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*

See paragraph 1 above.

4. *Any other information you consider relevant to the Terms of Reference at Paragraph 7*

The Victorian Government will continue to vigorously pursue the best interest of Victorian health services in its negotiations with the Commonwealth.

### **Request 3**

*The Board also requests that you provide any further documentation or information you consider relevant to the Terms of Reference of the Inquiry.*

Not applicable.

Should you have any queries, please do not hesitate to contact the writer on 8684 0458.

Yours faithfully

Victorian Government Solicitor's Office



Andrew Suddick  
General Counsel (Litigation)  
Enc

cc **Genelle Ryan**