IN THE MATTER OF The Hazelwood Coal Mine Fire Inquiry

STATEMENT OF ROSEMARY ANN LESTER

Date of Document: Filed on behalf of: Dr Rosemary Lester Prepared By:

Perry Maddocks Trollope Lawyers

Suite 802, 9 Yarra Street SOUTH YARRA VIC 3141 24 August 2015 Ref: RWP:20150096

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- I, Dr Rosemary Ann Lester, care of Perry Maddocks Trollope Lawyers, Suite 802/9 Yarra Street, South Yarra in the State of Victoria, retired, say as follows:
- 1. I am the former Chief Health Officer of the State of Victoria. I was appointed to the role in March 2012 and retired in February 2015.
- On 11 August 2015, I was granted leave to appear at the hearings commencing on 1
 September 2015 in relation to Term of Reference 6 of the Hazelwood Mine Fire
 Inquiry.
- 3. I provide this statement in response to a request from the Principal Legal Advisor dated 11 August 2015 (Exhibit RAL-1) for a detailed statement setting out what I did as Chief Health Officer in relation to claims that the Hazelwood mine fire led to an increase in deaths.

Response to claims that the fire led to an increase in deaths

4. I do not believe there is any reliable evidence which substantiates the claim that the fire led to an increase in deaths.

Monitoring of available information

5. During the fire the Department monitored data on general practice activity, hospital emergency department presentations, calls made to Nurse-On-Call, ambulance call outs

and presentations to the Department's Community Health Assessment Centre. No concerns about serious effects from the fire were apparent from any of these data. No general practitioner ever expressed concern to the Chief Health Officer that patients were being seriously affected. Neither the hospital nor Ambulance Victoria ever expressed concern about any increase in serious health issues or any observable pattern in relation to injuries or deaths.

Engagement of Melbourne University and Monash University after the fire

- 6. In about March 2014 during the fire the Department of Health commissioned Monash University to perform a Rapid Health Risk Assessment of the fire (Exhibit RAL-2). That study reported that "for combined PM_{2.5} exposures around 250 μg/m³ in Morwell South and for exposures around the National Environment Protection Measure (NEPM) in the rest of Morwell, no additional deaths would be expected even if the exposure continues for 6 weeks".
- 7. In about September 2014, the Department of Health received statistical data from the Registry of Births, Deaths and Marriages (RBDM). This data contained numbers of deaths in the four postcode areas of the Latrobe Valley (Morwell, Churchill, Moe and Traralgon) from January to June for the years 2009 to 2014. In about January 2015 the Department (which changed its name to the Department of Health and Human Services) received a second set of data which contained numbers of deaths in the four postcode areas in all months of the year from 2009 to 2014. This data also included information regarding age, sex and cause of death.
- 8. I assisted the Department to analyse both data sets.
- 9. I also commissioned two analyses of that data from the Centre for Epidemiology and Biostatistics at the Melbourne School of Population and Global Health.
- 10. The first analysis (Exhibit RAL-3) used the first data set from RBDM and included an assessment of the aggregated death data across the four postcodes of Morwell, Churchill, Moe and Traralgon, and a separate examination of the Morwell postcode.
- 11. I then commissioned a second analysis from the Melbourne School of Population and Global Health and supplied the second data set from RBDM. That analysis was completed in June 2015 (Exhibit RAL-4).

12. I am aware of two analyses conducted by Adrian Barnett. I commissioned the Melbourne School of Population and Global Health to conduct an appraisal of these papers. That review was completed in late April 2015 (Exhibit RAL-5). I also commissioned Monash University on behalf of the Department to conduct a literature review on mortality and morbidity associated with environmental smoke events. This review was completed in early May 2015 (Exhibit RAL-6). These reviews were commissioned because we were concerned about Barnett's comments regarding the possibility of health disadvantage to the community. We wanted to obtain further information about any possible health disadvantage to inform our future conduct.

Publication of health advises regarding whether any deaths were caused by the fire

13. As stated above, I do not believe there is any reliable evidence which substantiates the claim that the fire led to an increase in deaths. This question is therefore not applicable in the circumstances.