



2 November 2015

Justine Stansen
Principal Legal Advisor
Hazelwood Mine Fire Inquiry

Dear Justine,

**RESPONSE TO SUBMISSIONS BY COUNSEL ASSISTING THE BOARD OF INQUIRY INTO THE
HAZELWOOD COAL MINE FIRE**

Thank you for the opportunity to respond to the above submissions dated 23 October 2015.

I have now consulted with other investigators on the Project Steering Committee and provide the following clarifications and comments on the submissions.

2.3 The study stream which will consider the impact of the mine fire on respiratory and cardiovascular functions is the Adult Survey. The scope of the Adult Survey is limited to considering the impacts on persons who were residents of Morwell during the mine fire. Those working in Morwell during the fire (including emergency responders) and persons residing/working in other areas of the Latrobe Valley affected by the mine fire will not be included.

This is incorrect. The Early Life Follow-up (ELF) stream of the study will also assess the impact of exposure to smoke from the mine fire on respiratory and cardiovascular function, specifically in children throughout the Latrobe Valley. As explained to the Inquiry, the Adult Survey is considering long term impacts on residents of Morwell, and comparing them with a relatively unexposed group of residents in Sale. In addition, anonymous data extraction being conducted as part of Hazelinks will investigate cardiovascular and respiratory endpoints, such as sudden cardiac deaths, myocardial infarction, and exacerbations of asthma and chronic obstructive pulmonary disease (COPD).

3.2 The Community Advisory Committee ("the CAC") is one of three advisory committees set up under the LTHS governance structure....Its role is to ensure the study hears from the Community and works in partnership with it.

3.3 There are no other committees with community representatives on them.

To clarify paragraph 3.2 of the submissions, the CAC's role is to ensure the study hears from, and works in partnership with, Latrobe Valley community members, health and community service providers and local government in undertaking the research program.

The statement in paragraph 3.3 of the submissions is not correct. In addition to the three community representatives on the CAC, local resident Michael Keating sits on the Scientific Reference Group for the LTHS, and local doctors and other health professionals including Joseph Tam, Angela Scully, Alistair Wright, Fred Edwards, Ian Webb, Paul Lee and Joanna McCubbin sit on the Clinical Reference Group.

Department of Epidemiology & Preventive Medicine,
School of Public Health & Preventive Medicine,
The Alfred, Melbourne, Vic 3004 AUSTRALIA



3.4 Interim reports and monthly project status reports are, however, provided to a committee called the Hazelwood Study Contract Steering Committee ("the CSC"). DHHS provides, as discussed in the CSC, feedback on the interim reports including regarding the methodological framework of the study...

The CSC was established by DHHS to allow it to fulfil its procurement responsibilities in relation to the contract with Monash University for the LTHS. We consider that the CSC could be more appropriately named and have raised this with the Department.

To date, the Department has only sought minor points of clarification on the first interim report submitted, and asked for reassurance as to how the cohort would be managed from a methodological point of view.

3.6 In correspondence to the Secretariat, Professor Abramson has stated that, "the DHHS Contract Steering Committee is not part of the Hazelwood Study Project Governance, but is simply a Departmental committee to manage the contractual relationship. There is no reference to it on the study website as it is not part of the study governance structure."

3.7 The minutes of the meeting of this committee, however, suggest that it has been within this committee, and not the CAC, that discussions have taken place in response to approaches by emergency responders to Monash University regarding their inclusion in the LTHS...

We were not aware that the governance of the LTHS was within the Inquiry's Terms of Reference. The statements above appear to infer that the Contract Steering Committee is part of the study's governance structure. If this inference is intended, it is not accurate. The study's governance structure comprises the CAC, Scientific Reference Group, Clinical Reference Group and Project Steering Committee. Approaches by emergency responders to Monash regarding their inclusion in the LTHS have been discussed by the Project Steering Committee and will be discussed at the forthcoming meeting of the Scientific Reference Group.

4.12 In contrast, Professor Abramson maintains there would be feasibility issues associated with including non-resident, non-emergency responder workers and/or residents of other parts of the Latrobe Valley and in considering deaths prior to the end of 2015.

This is still the considered view of all investigators involved in the LTHS. As explained to the Inquiry, it is simply not feasible to include all Latrobe Valley residents in the Adult Survey. The potential number of participants in Morwell is already about 11,000, and 4,500 in Sale. Data collection will already take at least a year. However, this does not mean that the study cannot say anything about the health of residents who were living in other parts of the Latrobe Valley. With the CSIRO air quality modelling, we are able to estimate exposures in other parts of the Valley and use the results from Morwell to extrapolate any health effects to other parts of the Valley. Our best chance of finding a signal is to look at those most exposed to smoke from the fire. From the CSIRO modelling presented to the Inquiry, this was clearly the population of Morwell.

4.13 It is not clear that these feasibility issues have been fully discussed with those in the community agitating for an expanded scope. The community may provide local expertise to suggest ways in which difficulties may be overcome (for example, how to identify non-emergency responders who were working in Morwell during the mine fire).

There have been some discussions with community groups and at the community briefings in Morwell and Sale regarding these feasibility issues. However, it is difficult to see how a comprehensive sampling frame for non-resident workers in 2014 could be assembled. Without such a sampling frame, including non-residents could not be defended scientifically. Furthermore, it would dilute the findings and lead to a lesser quality study which would not serve the community's interests.

4.14 It also appears that there has not been any significant communication between those funding the study (the Department) and those with expertise in designing it (Monash University) about expanding the scope in light of the concerns of community and at least some emergency responders.

There have been several discussions about this issue between the Department and Monash at the CSC. These were documented in the minutes of the CSC, including on 24 June 2015. As explained to the Inquiry, a case for including emergency responders has been advanced. The investigators have been told that this would be beyond the scope of the tender awarded. If the findings are to be scientifically valid, any additional study would need to include most, or at least a representative sample of all emergency responders and a control group. An uncontrolled study of, for instance, the police or EPA employees, would not contribute much to understanding the effects of exposure among all emergency responders or to the scientific literature.

5.1 It is submitted that the Board should make the following findings:

a. Dot points 2 and 3 of Recommendation 10 from the First Inquiry have not been implemented.

The Report of the First Inquiry was not handed down until 29 August 2014, one month after tenders for the LTHS had to be submitted on 31 July 2014. This provided no opportunity to propose a governance structure in accordance with dot points 2 and 3 of Recommendation 10. Proposing a governance structure substantially different from that outlined in the request for tender (which was available to the First Inquiry), would have been non-compliant.

b. Dot points 2 and 3 of Recommendation 10 should be implemented.

The investigators would be happy to restructure the Community Advisory Committee as a Community Advisory Board, and to appoint an independent chair which had always been envisaged once the study was underway. However, this body could not be the primary governing body since the LTHS is an independent scientific study and the governance must reflect this in order for it to be scientifically valid and hold up to criticism from scientific peers and the community. To ensure the scientific credibility of the study, methodological decisions about health studies ultimately need to be made by researchers with the relevant expertise.

c. The scope of the LTHS should be reviewed in consultation with the community to consider whether to include in the Adult Survey (or an additional sub-stream):

i. Emergency responders who were not residents of Morwell;

We would be very keen for such a study to take place. However, as explained to the Inquiry, it would need to be separately funded. In addition to the Adult Survey, emergency responders should be invited to participate in follow-ups planned for the cardiac, respiratory, adult psychology and cancer streams.

ii. Other workers who were not residents of Morwell;

We are willing to participate in further discussions about this and it will be listed for discussion at the next meeting of the Community Advisory Committee. Please also refer to the response to paragraph 4.12 above.

iii. Residents of other parts of the Latrobe Valley;

As we have previously advised the Inquiry, residents in other parts of the Latrobe Valley do have opportunities to participate in all streams of the LTHS other than the Adult Survey. We have now commenced piloting for the Adult Survey in Moe/Newborough. Furthermore, the exposure to fine particles (PM_{2.5}) was much less in Moe and Traralgon than Morwell. This was clear in the figure from the CSIRO air pollution models that I presented at the Inquiry and also in the submission from Dr Fay Johnston, one of our investigators. Collecting additional data from adult residents of other towns would have limited scientific value and the marginal cost would be high. Please also refer to our response to paragraph 4.12 above.

iv. Retrospective analysis of deaths (eg during 2014).

It was not possible to conduct any further analysis of deaths during the timeframe of the Inquiry. The investigators will conduct a retrospective analysis of specific causes of death when relevant data are released. We anticipate that CSIRO will provide detailed updated exposure estimates by June 2016, so by the end of 2016 it should be possible to determine whether or not there was a relationship between PM_{2.5} and non-accidental deaths during the fire.

d. Interim reports, status reports, comments/feedback on reports, minutes of meetings and criteria for contract extensions (with appropriate redactions of commercially sensitive material) should be published on the LTHS website.

We appreciate that the Inquiry would like to see a greater level of transparency. The presentation provided at the community briefings, which was based on the first interim report, is already on the study's website (see <http://hazelwoodhealthstudy.org.au/the-study/community-briefings/>). We would also be willing to post full interim and annual reports on the study's website, subject to agreement from DHHS, and to post the minutes of all advisory committee meetings with the agreement of the members of these committees. We have not yet been advised of criteria for contract extensions.

I hope that Counsel Assisting and the Inquiry members will take our comments into consideration. Please let me know if any further clarification is required.

Yours sincerely,



Michael Abramson MB BS, PhD, FRACP, FAFPHM
Professor of Clinical Epidemiology
Principal Investigator