

12. 1. 2012

Minister Stirling Hinchliff
Minister for Employment, Skills and Mining
Ministerial Postal Address
PO Box 15216, CITY EAST QLD 4002

Dear Minister,

Acland Coal Mines, Queensland

We enclose a letter dated 22.11.2011 from the Oakey Coal Action Alliance.

This letter details what we consider could be a number of serious health impacts from the existing mine at a time when proposed expansion of the mine is proceeding through the EIS process.

In summary the issues are:-

- **Air pollution from mining, blasting and transport of coal**
- **Social and mental health issues**
- **Water contamination**
- **Noise**

We have reviewed EIS data on the first issue and will pass opinion on the second.

We conclude that the inhabitants of this area have been subjected to serious pollution which is likely to have affected their health and this situation has existed since 2006 when stage 2 commenced to produce 4.0Mtpa. These adverse conditions are apparent from the EIS approved by Queensland's Coordinator General for the Stage 3 expansion of New Acland Coal Mine in November 2009. This is an unacceptable public health situation.

We cannot accept that these matters must rest with the Queensland government and we have written to the Federal Minister With projects approved by the Commonwealth. We believe that Federal responsibility must be accepted for the health of citizens when there are failures at state government level. We contend that in Queensland, the health impact assessment component of the EIS is not being conducted properly, there is no transparency on important health data and submissions from experts on the EIS are not published so that important critiques are apparent and correctable.

Nor can we accept the possibility of a coal to liquid plant, repeatedly mentioned in the EIS and which will be subject to Local Council by-law regulations only. The potential pollution from this development requires a full EIS. Furthermore its pollutions cannot be considered on a compartmentalised basis. Rather, their impact must be considered as part of the cumulative pollution of all development in the region.

The health impacts of coal mining and combustion in Australia have recently been reviewed by us in the Medical Journal of Australia
http://www.mja.com.au/public/issues/195_06_190911/cas10169_fm.html

We will now deal with some of the health impacts of the existing Acland mines in detail.

Air pollution

The attached report is from our public health physicians. It does not require an expert to recognise that the data is inadequate and that some essential measurement for example of PM 2.5, SO₂, NO₂ have not been made at all. It beggars belief that adequate data is not available over a number of years in communities complaining of respiratory impacts known to occur in communities near to coal mines.

However the data that is presented, though inadequate, suggests that air quality has been unacceptable for some years.

We point out that there is increasing medical concern about the impact of particulates on human health. Particulates 2.5, now considered the most injurious, were not measured.

A comprehensive review of surface (opencast) mining operations in the USA by the Physicians for Social Responsibility, Coals Assault on Human Health, <http://www.psr.org/resources/coals-assault-on-human-health.html>, shows that communities in proximity to these coal mines may be adversely affected. In West Virginia, it was found that people living in high-coal producing counties had higher rates of cardiopulmonary disease, chronic obstructive pulmonary disease, hypertension and kidney disease compared to people in non-coal producing counties. As we learn more about particulates, it becomes increasingly likely that particulates generated by the operation cause these diseases. Ill health is also caused in these proximate communities by contamination of water supplies with impurities from the exposed coal seams. This ill health may occur even after the mine is closed because impurities continue to be leached and drained into aquifers.

The question therefore arises whether these health impacts reported in the USA occur in all coal communities; other studies confirm that they do. In the coal health study in Douglasdale, Scotland, there were significant increases in disease and mortality, including from cancer, in opencast mining areas in contrast to adjacent areas with no mines http://coalhealthstudy.files.wordpress.com/2009/09/douglasdale_v42.pdf. No confounding factors were found for these differences and the conclusion was that they were due to coal mining.

The authors of this study then reviewed 12 other peer reviewed studies which assessed the health of communities in opencast mining areas in the UK, Europe, USA and India. Ten of these studies found significant ill health in coal mining areas.

If we apply these findings to Jondaryan it is likely that they are suffering the same medical impacts.

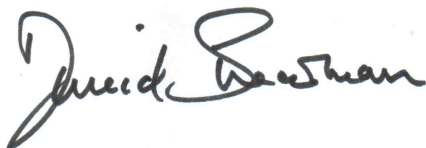
Social and mental health issues

In the "Health concerns to nearby residents" section of the letter from the Oakey Coal Action Alliance, there is a whole range of issues from which any medical person would infer community stress and anxiety. The question is - has the Queensland government dealt with these adequately over the years? If so, the actions would be detailed in the EIS? The suffering of these communities will be similar to that described by us in CSG communities see appendix 1 page 34, Inquiry into Coal Seam Gas [http://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/f96d076732225603ca25791b00102098/\\$FILE/Submission%200412.pdf](http://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/f96d076732225603ca25791b00102098/$FILE/Submission%200412.pdf)

In conclusion, evidence in the EIS for stage 3 confirms the likelihood of severe health impacts already existing from stage 2. Recognition of the health effects of particulates is more secure than when this mine commenced and no community can be allowed to suffer to the degree likely in this instance. Indeed there may be a legal responsibility.

Minister, after reviewing the data, I would not allow my family to live within 15-20k of this mine on health grounds. I suspect you would make the same decision, in which case we suggest you act by supporting an independent medical/scientific report.

Yours sincerely,



David Shearman (E/Professor of Medicine)
Hon Secretary
Doctors for the Environment Australia
Personal Ph: 08 8339 3972

5 Fitzgerald Road
PASADENA SA 5042
Phone: 0422 974 857
<mailto:admin@dea.org.au>
<http://www.dea.org>



The following are members of our Scientific Committee and support the work of
Doctors for the Environment Australia

Prof. Stephen Boyden AM; Prof. Peter Doherty AC; Prof. Bob Douglas AO;
Prof. Michael Kidd AM; Prof David de Kretser AC; Prof. Stephen Leeder AO;
Prof. Ian Lowe AO; Prof Robyn McDermott; Prof. Tony McMichael AO;
Prof. Peter Newman; Prof. Emeritus Sir Gustav Nossal AC; Prof. Hugh Possingham;
Prof. Lawrie Powell AC; Prof. Fiona Stanley AC; Dr Norman Swan;
Professor David Yencken AO