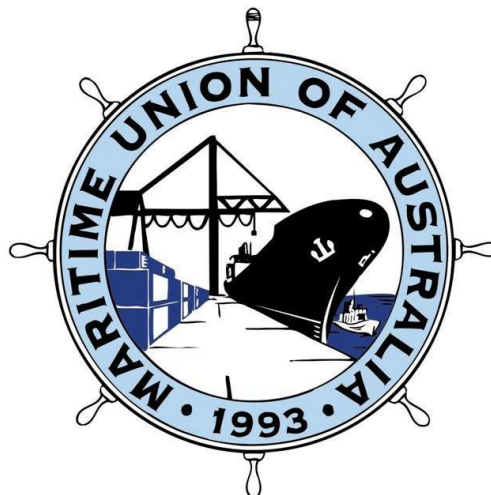


# **From Pit to Port**

**MUA Submission**

**February 2017**

## **Inquiry into the Re-Emergence of Coal Workers' Pneumoconiosis amongst Coal Mine Workers in Queensland**



Submitted to:

**Coal Workers' Pneumoconiosis Select Committee**

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## **Maritime Union of Australia's Submission**

The Maritime Union of Australia (“MUA”) would like to take the opportunity to thank the Coal Workers’ Pneumoconiosis Select Committee (“the Committee”) for the opportunity to provide a submission in relation to the re-emergence of Coal Workers’ Pneumoconiosis (“CWP”) amongst coal mine workers in Queensland. We appreciate that the Committee has heard evidence that exposure to coal dust inhalation may also extend along the transport line from the coal pit to the port, which we submit includes maritime workers of Australia. It is in this context that we provide this submission. We also thank the Committee for the opportunity to provide oral evidence on Friday, 3 March 2017 in at the hearing in Brisbane, Queensland.

### **1. Overview**

- 1.1. The MUA was formed in 1993 with merger of the Seamen's Union of Australia and the Waterside Workers Federation of Australia, which trace their formation to 1872. The MUA represents approximately 16,000 Australian seafarers, stevedores and other maritime workers, and covers more than 90% of Australian maritime workers. The Queensland division of the MUA covers approximately 2000 members. The MUA is also a proud affiliate of the 4.5 million member International Transport Federation.
- 1.2. As outlined above, whilst we appreciate that coverage of the MUA does not extend to coal mine workers, it is in light of the evidence heard by the Committee on 1 February 2017, that “ship deck officers” and “other possible maritime workers” may be exposed to the inhalation of coal dust, that we provide this submission.<sup>1</sup> We submit that such possible “other maritime workers” at risk, include ratings, port workers, and tugboat workers. We note the ports identified to date so far have been Brisbane, Abbot Point, Gladstone and Dalrymple Bay.

### **2. Black Lung Disease and its Resurgence**

- 2.1. In May 2015, the first case of CWP in 30 years was reported by media outlets across Australia. Prior to this the MUA like many others had thought the disease to be extinct. Given the preventable nature of CWP, the MUA takes the opportunity to provide recommendations, which if adopted will facilitate increased protection for our members and Australia’s broader workforce involved in the transportation of coal.
- 2.2. CWP commonly referred to as “Black Lung Disease”, is caused by breathing in excessive levels of coal dust. Like many dust-related respiratory diseases such as asbestosis, silicosis and mesothelioma, there is often a large latency period between the contraction of the disease and the onset of symptoms. The lungs of persons who have contracted CWP reveal a build-up of coal dust, that is ultimately unable to escape. People suffering from CWP generally develop shortness of breath, a severe cough and feel pressure on their chest. Early detection of CWP is vital. If a worker continues to be exposed to high levels of coal dust, CWP can develop into progressive massive fibrosis, causing major damage to the lungs and heart. Workers have been found to cough up black sputum or blood, and suffer premature death as a result.

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<sup>1</sup> Evidence to Coal Workers’ Pneumoconiosis Select Committee, Brisbane, 1 February 2017, 2, William Davison.

- 2.3. The Select Committee on Health, Fifth interim report, *Black Lung*: “It has buggered my life”, demonstrated that the re-emergence of CWP was due to:

*.. a litany of regulator failure and regulatory capture, industry indifference and incompetence, inconsistent risk mitigation and patchy and sometimes compromised health monitoring throughout Australia.*<sup>2</sup>

- 2.4. The result of these regulatory and legislative failures have put coal miners in a position where they have been exposed to levels of coal dust high enough to cause CWP later on in their lives. Without recourse and immediate action, the impact of same will continue to devastate Queensland and the wider Australian public from the coal pit, to the port.

### 3. Regulation of Coal Dust in Queensland

- 3.1. The monitoring and regulation of coal dust levels in work places varies from State to State. Accordingly, there is no national body or federal piece of legislation which sets maximum dust exposure levels.<sup>3</sup> We believe this needs to change and a national body be established.

- 3.2. New South Wales as distinct from Queensland, is regulated by an entity separate to the NSW Government, namely NSW Coal Services. This entity is owned jointly by the NSW Minerals Council and the CFMEU, and is governed by the *Coal Industry Act 2001* (NSW). The aforementioned Act provides:

3.2.1. Under section 12(1), if NSW Coal Services is of the opinion that the health of workers at a coal mine is endangered, or is likely to be endangered, by any conditions at the mine, they may provide notice to the owner of the mine to do or refrain from doing such things as specified in the notice. Under section 12(2), an owner or manager of a coal mine must not, without a reasonable excuse, refuse or fail to comply with such a requirement.

- 3.3. These legislative requirements allow for the appropriate checks and balances to be carried out in New South Wales, by an entity other than the coal mining corporation itself.

- 3.4. The model adopted by New South Wales is vastly different from that used to monitor dust levels in Queensland, which is presently the responsibility of the mining company itself. It is the responsibility of the Chief Commissioner for Mines Safety and Health, to then report on a company’s compliance to the Queensland Government.<sup>4</sup>

- 3.5. We believe that the statutory and regulatory requirements need to be amended, so as to reflect the practices demonstrated in New South Wales (or better then), as opposed to the self-regulation currently practised in Queensland. Should this be amended, we submit that regulatory and legislative coverage should be extended so as to include the transport of coal, including its contact with any maritime workers.

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<sup>2</sup> The Select Committee on Health, Fifth interim report, *Black Lung*: “It has buggered my life” (2016) 12.

<sup>3</sup> Senate Community Affairs References Committee, Impacts on health of air quality in Australia, 16 August 2013, 42.

<sup>4</sup> The Select Committee on Health, Fifth interim report, *Black Lung*: “It has buggered my life” (2016) 28.

#### 4. Relationship between Black Lung Disease and the Maritime Industry

- 4.1. The MUA believes that there is no reason to be complacent about the possibility of workers at ports being affected by coal dust. In the event the transported coal was wet down at the mine, it is likely to have dried out by the time it reaches the port and subsequently, any maritime workers who handle it. We believe it is unlikely that there is the potential for the coal to again be wetted down once it reaches the port, due to commercial reasons regarding the weight of the product. In such circumstances, there is the potential for coal dust inhalation where maritime workers come into contact with coal, in particular, during the loading process. The risk of coal dust inhalation is extended to workers who are either directly involved in the process or simply in the vicinity.
- 4.2. We note the Committee heard evidence on 1 February 2017 from Mr William Davison, Independent Coal Industry Safety, Health and Management Consultant. Mr Davison provided evidence in relation to the coal chain, including when it arrives at and passes through the port onto ships. Mr Davison outlined the initial process, being that the coal is firstly unloaded from the train to the port. He noted that:

*Typically this is done by entering a dump station and then there are mechanical triggers that trigger the doors under the belly of the coal wagon and the coal falls through a grate into a vault. Then it leaves the vault via conveyors to go out to the stockyard.<sup>5</sup>*

- 4.3. Mr Davison also provided evidence in respect of his experience with the transport of coal onto the ship. He stated:

*When it comes to reclaiming that coal to send it towards the ships, that is where there are definite variations from port to port.*

...

*The coal is then taken offshore in the port complex, which just means over the water where it meets land. It goes along conveyors along the trestle or the jetty. There might be various transfer points where the coal needs to change direction. When it gets to the end of the jetty it might go left or right to whichever shiploader or shiploaders are in play at the time. At that point you have the same risks that I mentioned earlier in relation to the transfer point. Once it gets to the shiploader itself, which is basically a large machine with a chute which directs the coal into the various holds in the ship, again you are talking about a situation with a person in a cab. That operation typically is not automated.*

...

*Anyone who is standing on the ship deck near ship hatches during coal-loading operations where there is a lot of fines [sic] pluming up out of the hold of the ship, or there may be depending on the moisture of the coal and all the rest of it. Those persons may or not be at risk.*

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<sup>5</sup> Evidence to Coal Workers' Pneumoconiosis Select Committee, Brisbane, 1 February 2017, 1, William Davison.

...

*Sometimes they do get covered in coal.*<sup>6</sup>

- 4.4. It is highly likely that maritime workers during the above process are at risk of coal dust inhalation. To the best of our knowledge, they are not provided with or mandated to wear Personal Protective Equipment (“PPE”) such as dust masks.

## 5. **Recommendations**

- 5.1. Should an independent National Coal Dust Monitoring Group be put in place, we recommend that it take into consideration the transportation of coal, and by extension, coverage of maritime workers.
- 5.2. Should a National Coal Dust Monitoring Group be established, we recommend a representative from the maritime industry take part, so as to ensure that the interests and safety of maritime workers be adequately represented.
- 5.3. We note that the *Queensland Coal Mining Safety and Health Regulation 2001*, mandates acceptable coal dust levels and sets regimes for dust sampling and compliance therewith. We recommend that any amendments include a requirement for coal dust levels at ports to be published, so that people at the ports understand whether there is a potential for exposure to coal dust.
- 5.4. We recommend that it be mandatory for workers involved in the transportation of coal to be provided with, and wear PPE, including suitable dust masks. We would expect consultation with the MUA to be had in terms of the appropriate dust mask to be provided to workers. That said, PPE should always be considered the final step in mitigating any risk as per the industry standard hierarchy of control.
- 5.5. We recommend a health screening program be implemented which moves away from the traditional ‘fitness for work’ model, and toward a model based on workers’ health and early detection/prevention.
- 5.6. It is our recommendation that workers who are involved in the transportation of coal are provided with a mandatory medical assessment at the commencement of their employment, with a specific focus on determining whether there is any evidence of coal dust exposure.
- 5.7. We support the concept of the “dual reading” implemented by the Queensland Department of Natural Resources and Mines in July 2016, and recommend that this concept be extended to maritime workers and others involved in the transportation of coal. We note under this concept, a chest x-ray is examined first by an Australian radiologist selected from the list of radiologists claimed by The Royal Australian and New Zealand College of Radiologists to be able to read chest x-rays to an acceptable standard. We support the concept that the radiologist selected will provide the results to a nominated medical adviser (“NMA”). We acknowledge and support the

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<sup>6</sup> Ibid.

recommendation of the CFMEU that an NMA be appointed by the government, as opposed to a coal mine operator.<sup>7</sup>

We understand under the concept of “dual reading”, that a digital copy of this x-ray is then sent to the United States for a second reading by NIOSH approved readers, organised through the School of Public Health, University of Illinois at Chicago. Under this model, results from the NIOSH approved readers are then returned to the NMA. If either the Australian radiologist or the US-based reader detects any abnormalities on the chest x-ray, we support the notion that the worker may be referred to have a high resolution CT scan. We recommend this process be mandatory for maritime workers who have been or may be exposed to coal dust, and that they are carried out at the expense of the employer.

We also recommend that this process be repeated at least every five years or earlier if required. Should a maritime worker who has been exposed to coal dust leave the industry, follow up contact needs to be made with the individual in order to ensure adequate testing is maintained.

- 5.8. We acknowledge and support the recommendation of the CFMEU, that radiologists who seek to make diagnoses of CWP should be qualified in the use of the ILO Classifications of Radiographs for Pneumoconiosis. We agree that the Australian State and Federal Governments and The Royal Australian and New Zealand College of Radiologists should develop a certification system similar to that of the US B Reader scheme.<sup>8</sup>
- 5.9. We also recommend that a copy of workers’ CT scans be kept by the employer and the NMA, and that statistics relating to the incidence of CWP or symptomology associated therewith, be provided to the National Coal Dust Monitoring Group (if established).
- 5.10. We recommend that a real time log of any workers who have come into contact with coal dust whilst performing their duties be implemented and records shared with the National Coal Dust Monitoring Group (if established).

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<sup>7</sup> CFMEU, Submission No 027 to Inquiry into the re-emergence of Coal Workers’ Pneumoconiosis amongst Coal Mine Workers in Queensland, November 2016, 9.

<sup>8</sup> CFMEU, Submission No 027 to Inquiry into the re-emergence of Coal Workers’ Pneumoconiosis amongst Coal Mine Workers in Queensland, November 2016, 7.