

Submission to the Finance and Administration Committee on The Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2015 and the Workers' Compensation and Rehabilitation (Protecting Firefighters) Amendment Bill 2015

Dear sirs and madams,

I received your invitation to make a submission in the mail last Friday July 31 and am in the process of organising a major hazard reduction burn for our district to be held tomorrow Thursday August 6 and Friday August 7, which has left me very little time to meet your deadline, let alone get feedback from the other active rural fire fighters in our Pelican Rural Fire Brigade. Due to lack of time and overlapping issues I will make my submission on both Acts within one document. My apologies for brevity and lack of detail.

The Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2015:

"712 Firefighter diagnosed with specified disease before commencement Section 36D, as inserted by the amendment Act, does not apply to a person who was diagnosed by a doctor for the first time with a specified disease before the commencement."

Workers' Compensation and Rehabilitation (Protecting Firefighters) Amendment Bill 2015:

"707 Application of s 32A (1) Section 32A applies to a disease contracted by a person, as mentioned in section 32A(5), on or after the day the Bill for the Workers' Compensation and Rehabilitation (Protecting Firefighters) Amendment Act 2015 was introduced into the Legislative Assembly. (2) Section 382(3) does not apply to an amount payable by WorkCover because of the operation of section 32A."

1. Why are fire fighters who contracted the specified cancers and diagnosed before the Bill was introduced into legislation not going to be covered? Don't their years of unpaid service which otherwise make them eligible for consideration make them deserve any protection from the consequences, often fatal, of that volunteer service on which the QLD rural population depends? Particularly when it has already been established legally that fire fighters get more cancers than the general population? It is wonderful that the legislated protections given to paid fire fighters are now also being offered to volunteer fire fighters by this legislation before us, but that means that volunteers already diagnosed with these often-fatal diseases should be just as eligible of coverage as any other fire fighter presently eligible.
2. How many days of exposure does it take to create a cancer? Has this time period been medically established? Surely this fact cannot be determined due to the factors of:
 - a) insufficient medical research
 - b) that different cancers can be created by exposure to many toxic substances released or created by combustion. Different combinations of toxic substances will make different results, which are very difficult to determine and quantify. One exposure to asbestos can have a fatal consequence. It cannot be ruled out that one exposure to burning toxins to a volunteer trained and equipped by an agency of the QLD government, in the service, unpaid, of the QLD population, would not have a similar fatal consequence years later.

As we stop the fires from spreading into the environment, rural volunteers are exposed to burning polypipe and other plastics and unidentifiable farm chemicals, often without even being aware of what is hidden in the burning grass, old poisons stored in old bottles at farm tips and around old structures, or locked in burning farm sheds. If the medical research has not been done into how much or how little exposure to each particular substance is enough to make a cancer, there is definitely no definitive research into how much or how little exposure to different combinations of chemicals is enough to make a cancer.

Until that research can be done, blanket coverage of the specified diseases should be extended to all active firefighters, not just to those who have attended 150 incidents over a particular time period.

If the committee feel that such blanket coverage is unwarranted or unjustifiable, simply extend the blanket WorkCover coverage of all smoke-induced cancers and disease in all fire fighters, paid or unpaid, until adequate air filters to give protection against inhaled carcinogens are supplied as standard PPE to all volunteer fire fighters by the QFES. At present the smoke masks given by QFES as free issue are totally inadequate for all but large particles, and do not offer protection against cancer-causing chemicals. This is a failure of Duty of Care by the QLD Government. For fire fighters or brigades to buy their own suitable smoke filters costs over \$100 per mask. Not only can many small rural brigades not afford this expense, it is not emphasised as a safety priority by QFES training. I posit that prevention is cheaper than compensation, and that until adequate prevention is funded, natural justice requires that adequate compensation for this lack of protection of Government workers be extended to all active fire fighting volunteers, no matter how long or short their exposure to carcinogens released by combustion.

Finally, although adequate smoke masks will reduce the cases of cancer afflicting fire fighters, no smoke mask or PPE that can be worked in in QLD summer conditions will give protection against absorption of carcinogens through the skin, which makes total disease prevention very difficult, and makes adequate compensation a necessary component of caring for ALL our firefighters, no matter how short their exposure and experience.

Thanks for your time,

Elena Garcia,

Active firefighter since 1994

Pelican Rural Fire Brigade 2nd Fire Officer, Crew Leader and secretary

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