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The Committee

Infrastructure, Planning and Natural Resources

Parliament House

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Dear Committee members,

Please consider my submission for your perusal and information. This current investigation into fly in fly out workforces and their effects on local communities is well overdue, and as a health care provider in a town with a very high proportion of transient workforce, I believe I am extremely well placed to give important information to this inquiry. Firstly, some information about my town and position:

- Wandoan is a small country town situated on the Leichhardt Hwy ; the nearest towns with medical officers are Miles, 67 kms to the south, and Taroom, 60 kms to the North.
- 174 km north of Chinchilla / 1 hr 55 min by road.
- 255 km north of Dalby / 2 hrs 45 min by road.
- 170 kms north-east of Roma / 2 hours 5 mins by road.
- 338 km north west of Toowoomba / 3 hrs 45 min by road.
- 464 km west of Brisbane / 5 hrs by road.

Recent Achievements

- Adoption of Nurse Practitioner model of care with exceedingly positive community feedback about this.
- Increase in access to the community of Wandoan for health care needs. At least doubling in the numbers of occasions of service.
- Construction of new facility completed. Now a first class building with brand new equipment with exceptional results in improving quality of care results.
- Assistance in creating the Wandoan Health Auxiliary, a brand new organisation to assist the functioning of the Wandoan Primary Health Centre through financial assistance for new equipment and medical items.
- Increase in weighted activity units of 96% from budget.
- Community stakeholder consultation improved through health centre staff involvement in local community groups and health auxiliary.

With the nearby coal seam gasification plant under construction and planned open cut coal mines and North/South Railway link due for construction, Wandoan is experiencing a surge in population and business growth with peak permanent population expected in 2031 but peak temporary construction and operational workers peak for Wandoan and Miles LGA expected in 2016 at 10,050 workers. (KPMG, Western Downs Regional Council – Housing Affordability Strategy 2012, WDRC.)

In particular relation to the subject matter of this inquiry, I have a few matters for your consideration. The health impacts on non resident workforce members is something I have seen first hand, being the first point of call for health matters in this town. It is extremely common for me to see patients from the nearby CSG project as they do not feel that their confidentiality can be maintained at the workplace provided clinic. It is my experience that this issue is responsible for under reporting of mental health issues and chronic diseases in FIFO workers. They commonly report to me that they do not trust the medical centres of the project to not report their various medical problems and diagnoses to their supervisors, whereas with the state provided health department, they can be assured of confidentiality. This results in untreated chronic disease states for fear of losing their contract. It is also common for the OH&S staff of the project to demand medical information about a patient who has presented here. This is very disconcerting, because they often quote lines from their manuals stating that they are allowed access to this information and when refused, there are times when they become quite hostile.

The social health and well being of these workers is quite obviously broken. It has also been common for these workers to have become so institutionalised in the monotonous routine of these camps that they have panic attacks before returning home to their families and the "chaos" they report in the family situation. Men have openly wept in front of me wondering if there is any chance of getting a medical certificate to somehow get them to stay on site rather than go home to see their children. The workers often report that they feel like a stranger in their own home and cannot handle the stress of seeing them, no matter how much they love them. As I have worked in the prison system prior to coming here, it is very obvious to me that it is a very similar feeling that long term institutionalised prisoners feel leading up to their release. This should not be an acceptable outcome of working in these camps.

The quality of housing provided in these camps is often reported as exceptional. As far as accommodation goes. It is the lack of freedom to participate in the local community that destroys their mood. Not being able to exit the site is no more than a prison, no matter how nicely appointed the building and amenities are is a common quote I have been given by these workers. They feel powerless and hopeless. And all the while, they are operating under conditions that could see the end of their contract at any point. This contract style of employment is very insecure and many report measurable (MAS scores), highly stressed states on reporting to my facility.

The incidence of STIs are very high in the younger community and have increased since the introduction of the FIFO work group here. This is to the point of almost half of all presentations here are positive for an STI in the single, young, sexually active cohort. Prior to the FIFO worker influx, these rates were at minor, almost incidental levels.

This town has always had a number of affordable housing options for lower socio economic, permanent residents. The price and availability of this style of housing is now non-existent. Prices and rents have increased to a point that we now have essentially homeless workers in this town. People have jobs. But still cannot afford to pay rent here anymore. Contract farm workers and fencing contractors are perfect examples of this. Living with their horses on the farm of the landowner in their horse float has been reported to me by people who once used to rent houses in this town.

And then we have the bust. The CSG industry is now having its inevitable contraction, leaving the community not just poorer due to less resource funds being expended in town, but also due to the lack of permanent residents from the previous massive FIFO workforce. These workers are unable to participate in the social and charity life of this town, leaving it poorer and unable to help the less fortunate. The solution to this is to encourage the contractors of these workers to not only house their workers in camps near the town, but provide incentive for them to keep their families with them. This would possibly exacerbate one problem, that of housing affordability for lower socioeconomic people, but would enrich the town through commerce of more families and population, enliven the school and encourage employment at the schools and service departments. This would in turn, flow to the lower socioeconomic workers with higher paying jobs also. As it stands now, there are very minimal requirements for services and commerce because the workers are not buying or even requiring the services of local shops and businesses. This has removed employment opportunities.

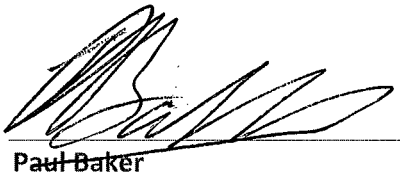
With the addition of the workers' families, that issue would change for the benefit of all. Not just the FIFO workers, but local business and families as well. It would also enable a cost reduction for the contracting companies, as there would no longer be onerous travelling and fatigue issues. The companies could then rely on these small towns as a reliable source of skilled workers and less fatigued workers who are active participants in their new town's social and volunteer clubs life.

If a worksite has a medical clinic, it should be a full service, and fully equipped to deal with primary health care presentations as well as emergency and workplace safety incidences. It should also be completely independent from the contractors and owners of these sites. Private providers of health care services should also be assessed and accredited with the same organisations that any GP surgery should and any breaches in medical confidentiality should be punished severely. This means that these sites must also have access to a clinician as well as the customary paramedic or nurse. The clinician should be able to provide independent treatment scripting and the worker should be free to choose where that treatment is received from.

It is with these steps that we will ensure longevity of the industry and healthier towns and communities. I trust that you will engage with these suggestions in a positive way and help our small communities thrive.

Thank you for your attention

Yours in Health,



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