




Speech By
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WORKERS' COMPENSATION AND REHABILITATION (COAL WORKERS' PNEUMOCONIOSIS) AND OTHER LEGISLATION AMENDMENT BILL

 **Mr KELLY** (Greenslopes—ALP) (7.45 pm): I rise to speak in support of the Workers' Compensation and Rehabilitation (Coal Workers' Pneumoconiosis) and Other Legislation Amendment Bill 2017. I thank the minister, the committee and all of the submitters for the hard work they have done in relation to this bill. One of the key issues considered by the select committee that I was a part of was that CWP presents several challenges that means existing workers compensation is not well suited to supporting those workers that are affected by CWP.

CWP is a progressive disease classified on a scale of severity based on the extent of damage to lung alveoli. This creates some challenges in terms of workers compensation perhaps best demonstrated by an example. Take a 45-year-old worker diagnosed with simple CWP. If this worker is removed from exposure to dust, they will be unlikely at any point in their life to have any further impacts of CWP, nor will they be likely to progress to more serious forms of CWP.

What does this mean for the worker? They are still fit for work, but they cannot do the work that they are trained for and are well compensated for, and often it is the only work that is available to them where they are. They are not actually physically injured in that they cannot work but they have a serious condition which means they cannot work any longer in the environment that they are in. They have very limited options to find new jobs that require their skills or provide the same level of compensation in the locations where they live and work, and this presents a challenge.

It was an issue that the select committee grappled with, and I know many members of the committee discussed it. These workers are technically fit for work in a non-dusty environment but it is clear they have been adversely affected by their employment. This bill addresses this issue by providing a sliding scale of compensation for workers affected by CWP based on where they fall on the CWP classification scale. That means there is support for workers affected to shift away from dusty workplaces. One of the things we heard during the committee hearings was that some workers in overseas jurisdictions would be diagnosed with simple CWP and would continue to take the risk of working in a dusty environment. We have to make sure we avoid any worker feeling like that is the option for them, because it is a catastrophic option. Once you know you have simple CWP, the best thing is to get out of the dust and you will have no more problems.

The bill also recognises the progressive nature of the disease—that is, that the person's condition can deteriorate. This creates another problem in that compensation is often there to deal with a specific injury or debilitation at a specific point in time. This bill has solved that problem and allows people to make additional claims for compensation if and when their disease progresses. The select committee was quite concerned for the welfare of retired coal workers. Given the failings and problems identified in the coal workers health scheme, there was a real concern that this group of workers—the people who had moved out of the industry—would not seek the medical assessment they would need to determine if they were affected by CWP.

I am extremely pleased with the measures in this bill that ensure this group of workers will have access to the assessment that they require. I cannot stress how important this assessment is. While a diagnosis of CWP is extremely concerning, if it is made early with the right treatment and management people with CWP can slow the progression of the disease and lead good quality lives.

I have not nursed anybody with CWP, but I have had a fair bit of experience with people with chronic obstructive pulmonary disease, COPD. It is another progressive lung disease and it is managed in a very similar manner to CWP. Regular GP visits, annual flu shots, maintaining your activity levels, maintaining a good diet and participating in respiratory rehabilitation programs will all help to minimise or slow the progression of CWP. I share this because I want people affected by this disease to know that there is hope, that there are treatment options available and that there is more research going on all the time. I want to thank all of those people with CWP and their families who gave evidence to the select committee.

Mr Costigan: Hear, hear!

Mr KELLY: I take that interjection. At times it was very difficult for those people involved due to their level of ill health and also the emotional impacts. It was really sad and extremely hard to listen to workers and their families who were not diagnosed early. I am sure they have the support of every member of this House as they deal with this very difficult disease.

As the select committee's report pointed out, our systems failed the workers in the coal industry and this has had devastating impacts on them and their families. I urge the government to fully implement the findings of the select committee. The recommendations do point a way towards ensuring that more workers will not have to go through what these workers affected by CWP are going through. While it is great to have the compensation sorted out, our real goal and our enduring and fundamental goal should be to ensure that no worker is ever diagnosed with CWP again. The recommendations in the report lay out a way for that to occur, and I urge the government to implement those fully. With those few remarks on that part of the bill I particularly wanted to speak to, I commend this bill to the House.