





From the President

22 March 2019

The Hon Greg Hunt MP Minister for Health P O Box 6022 House of Representatives Parliament House CANBERRA ACT 2600

E-mail: Greg.Hunt.MP@aph.gov.au

Dear Minister

The RACP and TSANZ call on the Commonwealth Government to urgently sponsor and establish a Dust Diseases Taskforce to lead and coordinate a national response to the current epidemic of accelerated silicosis.

The Royal Australasian College of Physicians (RACP) and the Thoracic Society of Australia and New Zealand (TSANZ) are deeply concerned by the current epidemic of accelerated silicosis, a preventable occupational lung disease, arising in young workers as a result of the manufacture and installation of artificial stone bench tops.

The audit conducted in Queensland over the past four months has required over 800 workers to undergo health screening. So far, we understand fewer than half have been examined and already 108 workers have verified silicosis, of whom 20 have advanced disease. The Queensland Government has already issued more than 550 statutory notices to 138 mainly small businesses fabricating and installing artificial stone bench top products for breaches of work, health and safety regulations. NSW has also reported issuing over 300 statutory notices to 15 February 2019. In Victoria, 29 claims were lodged in 2018 and this was before a planned case-finding program was initiated. Sadly, 12 March 2019 marked the first death from accelerated silicosis in the engineered stone industry, when 36 year old Gold Coast stone mason Anthony White died. His brother, who is also a stone mason, has also been diagnosed with the disease.

The RACP and TSANZ are very concerned that a similar situation is likely to be uncovered across this industry in other States and Territories should structured case finding programs be implemented. Currently, the only option for treatment of these workers for this aggressive and potentially fatal disease is lung transplantation.

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the RACP and TSANZ consider that this is a widespread national problem. Many cases are likely to be identified in other jurisdictions. The RACP and TSANZ consider it is essential to urgently focus efforts on effective prevention, early identification, optimal treatment and management of workers suffering from accelerated silicosis.

145 Macquarie Street, Sydney NSW 2000, Australia • Tel: +61 2 9256 5444 • Fax: +61 2 9252 3310 Email: racp@racp.edu.au • Web: www.racp.edu.au • ACN 000 039 047 • ABN 90 270 343 237

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One of our expert occupational and environmental physicians, \$\frac{s}{47F}\$, highlights the gravity of the situation by stating that "From a clinician's perspective this is worse than asbestos, because asbestosis affects people at the end of their working life and into their retirement - where this particular disease is affecting young workers, people with dependent children, with wives and a whole working life expectation before them."

Many of these workers have been diagnosed with a rapidly progressive form of this disease which leads to early death or lung transplantation. This creates an additional demand on limited and expensive health resources. Based on the information available so far, there may be several hundred, to more than a thousand, affected workers across Australia who as yet remain undiagnosed. In addition to the tragic human costs, the burden of disease and the costs to the workers' compensation system from silicosis are significant.

In October 2018, the COAG Health Council requested that the Clinical Principal Committee examine the creation of a national dust diseases register, and also agreed to write to Safe Work Australia to request further examination and the updating of the Australian Standard for crystalline silica and the trading of imported stone products. We understand that this work is underway and commend the Council for taking urgent action.

We are aware that some jurisdictions are already putting measures in place. However, we are concerned that there is a lack of coordination and collaboration between jurisdictions resulting in a fragmented and sub-optimal response, creating unnecessary duplication, as well as inconsistencies and inequities which are not in the best interests of these vulnerable workers.

Accordingly, the RACP and TSANZ call on the Commonwealth Government to urgently sponsor and establish a Dust Diseases Taskforce to lead and coordinate a national response to this epidemic.

We urge all State and Territory Governments to actively support and participate in this Taskforce. We recommend this proposed Taskforce comprises representatives from all key stakeholder groups including experts from the medical profession¹, regulatory authorities, health and industrial relations departments across the Commonwealth, State and Territory Governments, workers' compensation authorities, workers' nominees and industry.

We would like to offer our expertise to assist the Government in ensuring that the response to this epidemic achieves the best possible health outcomes. To this end, medical experts from AFOEM and TSANZ are willing to participate in this Taskforce as their specialist medical advice is critical in the design of programs to prevent, detect, monitor and support those with accelerated silicosis.

We are aware that a federal election will be held in the near future but consider this issue too important to be delayed. Our members are passionate about ensuring this health crisis is urgently and effectively addressed. To facilitate the timely formation of a Dust Diseases Taskforce, a draft Terms of Reference is attached for your consideration.

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¹ It is essential that expert representatives from the following medical organisations be included on the Taskforce: AFOEM, the RACP, TSANZ, the Royal Australian and New Zealand College of Radiologists and the Australian Institute of Occupational Hygienists and the Australian College of Rural and Remote Medicine

We would be happy to organise a briefing from an expert physician to discuss this issue in more detail with you and your staff. To arrange a briefing or for further information, please contact s 47F , Manager, Policy & Advocacy Unit, on

or on ^{s 47F}

Yours sincerely

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President, RACP President, AFOEM President, TSANZ

Enc: Draft Terms of Reference for Dust Disease Taskforce

CC: State and Territory Ministers for Health and Industrial Relations

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