



COAL WORKERS' PNEUMOCONIOSIS SELECT COMMITTEE

Members present:

Mrs JR Miller MP (Chair)
Mr CD Crawford MP
Mr JP Kelly MP
Hon. LJ Springborg MP
Mr LL Millar MP

Counsel assisting:

Mr B McMillan (Barrister at Law)

Staff present:

Dr J Dewar (Research Director)

PUBLIC HEARING—INQUIRY INTO COAL WORKERS' PNEUMOCONIOSIS

TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, 14 DECEMBER 2016

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Committee met at 9.31 am

CHAIR: Good morning, everyone. I thank everyone for their attendance here today. I know that many of you have come off nightshift and I would like to thank you for giving up your sleep time to be here with us. My name is Jo-Ann Miller, the member for Bundamba and chair of the Coal Workers' Pneumoconiosis Select Committee of the Queensland parliament. The other committee members here with me today are: the Hon. Lawrence Springborg MP, deputy chair; Craig Crawford MP, the member for Barron River; and Joe Kelly, the member for Greenslopes. Mr Jason Costigan, the member for Whitsunday, and Mr Shane Knuth, the member for Dalrymple, who are both members of the committee, are unable to join us; however, we are joined today by Mr Lachlan Millar, the member for Gregory.

I want to let you know who we are and why we are visiting your community. The purpose of the public hearing today is to receive evidence on the committee's inquiry into the emergence of coal workers' pneumoconiosis, or black lung disease, amongst coalmine workers in Queensland. We are a bipartisan committee whose purpose is to assess whether the current arrangements to eliminate and prevent CWP are adequate and to look at the roles of government agencies, the mine operators, dust monitoring procedures, medical officers and unions in these arrangements now and into the future.

This hearing is a formal committee hearing of the Queensland parliament and it is subject to the standing rules and orders of the Queensland Legislative Assembly. The committee will not require evidence to be given under oath, but I remind you that intentionally misleading the committee is a serious offence. Those here today should note that the hearing is being transcribed by Hansard and that media may be present, so you may be filmed or photographed. Before we commence I would ask that all mobile devices be switched to silent or turned off, please. Can I also ask that, for the benefit of Hansard, witnesses state their name and position when they first speak because that will clearly assist our Hansard reporter here today. Can I ask our first witnesses from the Oaky Creek mine workers panel to please come up and present your evidence.

BARBER, Mr Joe, Site Safety & Health Representative, Oaky North Mine

McCONACHY, Mr Jimmy, Diesel Fitter, Oaky North Mine

SLATTER, Mr Kerrod, Coalmine Worker, Oaky North Mine

Mr Slatter: I just wanted to have a talk here today about some of the things that have gone on out there in the past. I have been there for 12 years, and when I first started there we used to have high standards at the pit. We used to have ERZ controllers who would ensure that dust was kept under control and maintained as per their obligations under the regulations, the act and the safety health and management system at the mine site. I feel that there are some ERZ controllers out there that probably either are not aware or feel that production is more important than the safety of personnel out there.

I have a copy here of a couple of exceedences. I would also like to say that coalmine workers' pneumoconiosis is not the only respiratory disease that we are going to contract. We have also got a big push about diesel particulate matters, and I would like that to be taken into consideration because I do not want to be back here in 15 years' time talking about the same—

CHAIR: Kerrod, we do not want to be back here in 15 years' time either. Did you want to table the document that you have there?

Mr Slatter: If I could, please.

CHAIR: Leave is granted. Kerrod, could you just take us through what happened years ago in relation to dust controls at the pit compared to now? What has happened to the operation with regard to increased dust?

Mr Slatter: Years ago you did not need a work order generated to go and control float dust on your travel roads and stuff like that; your ERZ controllers told you to go and do it. They were pro-active, not reactive. We are reactive now.

CHAIR: For you and your colleagues what does a work order mean in terms of the process involved? If you see excess dust or if it is monitored and there is excess dust, what does that mean for you?

Mr Slatter: Under their safety health management system, the supervisor of the area you are working in has the obligation to control that, which would be either he hoses it down himself or he organises it. We still have it now where the supervisor will contact the shift supervisor and tell him we need the water cart or we need the road salted, and it could be two or three days before it gets done.

CHAIR: Two to three days?

Mr Slatter: Easily. If it gets done at all. We walk in on this when we start our tour and you can see that the roadway has been dry for just more than overnight, so all ERZ controllers are failing in their obligations.

Mr McConachy: I just want to talk about how we have been treated. When it first came out about this time last year, there were 12 of us that stayed out over it. Basically the whole week we were sent away from everyone and segregated, and pretty well they did not want to deal with us.

CHAIR: Can you take a step back for us, because we need to get to the bottom of this. In relation to 'staying out', can you just tell us specifically what you mean by that?

Mr McConachy: When it came out that there was that disease, there were 12 of us who stayed out. In our opinion at the time, we thought that our Coal Board medical was null and void due to having insufficient X-rays, so we stayed out for the week and we had to book our own X-rays. We had to drive ourselves to Emerald.

CHAIR: Did you pay for them yourselves?

Mr McConachy: No, they ended up paying for them but we had to organise it ourselves. We were pretty much sent to a room all week. They did not want to deal with us.

CHAIR: What do you mean by 'sent to a room'? You were not allowed to do your normal job?

Mr McConachy: No.

CHAIR: You believe you were absolutely discriminated against?

Mr McConachy: Yes.

Mr SPRINGBORG: What happened after that? Were you returned to your normal employment role?

Mr McConachy: After receiving an x-ray—it was around this time of year, so the mine shuts over Christmas and there is annual leave.

Mr SPRINGBORG: You would have had an x-ray when you started pre-employment.

Mr McConachy: Yes. I have been in the mines for 10 years and apart from the X-ray I had last year, because your Coal Board medical is every five years, I have only had one. That is why I was concerned.

Mr SPRINGBORG: Have you been in an open-cut mine all that time?

Mr McConachy: No, I have been underground.

Mr SPRINGBORG: You are underground and you have only ever had one X-ray at the start.

Mr McConachy: Yes.

Mr SPRINGBORG: You are supposed to have one every five years.

Mr McConachy: Every five years at the moment, which I think is inadequate too. I think it needs to be every two or three years.

Mr SPRINGBORG: With the X-ray that you recently had done, the one that caused concern, did you actually get results back that were comprehensive, that you could understand?

Mr McConachy: Yes. There was a six-month process that we had to follow just waiting and hoping that I never had it.

CHAIR: Where was your X-ray sent to be read?

Mr McConachy: America.

CHAIR: What effect did that have on your family?

Mr McConachy: Obviously stress over not knowing whether I had it, all of those things.

Mr Barber: I have been a coalminer since 1975. I have seen a lot of dust and seen a lot of coal cut, and the amount that is getting cut now as compared to 1975 and leading up is phenomenal. There is more coal cut and produced and more dust, and all the companies are worried about is production. They really do not worry about dust, and it is the dust you cannot see down there and it is the time that it takes to actually get it under control. Once it is under control, then they think it is right and they just leave it. Then all of a sudden it comes back up again, so then they do something about it. There is no managed plan to keep it under control—none at all. It has got to get to a level where something happens and then they do something about it. It is like because things have happened, that is why we are here today and that is the same. Major things have to happen before something is done and it is history.

If some of these companies could see a family member die of it—I lost an uncle who was dusted. He was 48. He could not walk from here to the wall without having to stop. I tell you: you wait for another 10 or 20 years time when some of these blokes here have sucked dust and there will be a lot more come out. That is the reality of it.

CHAIR: Joe, that is what we are here for.

Mr Barber: Yes, I know.

CHAIR: We do not want this happening.

Mr Barber: We have started dust committees. We have done this and done that. With the dust committees, all of a sudden they do all of this and then it just tapers off. There is no consistency in it. They put all of these things in place but not everyone is on the same page. You have all of these managerial positions at work but they are not all talking the same language. We have roads underground that are dusty, dusty, dusty, and they do not have a constant crew on them. You need a crew there seven days a week, 365 days a year, monitoring and controlling it. It is not happening. It does not happen.

CHAIR: Joe, you have been a miner since 1975. Can you talk to us about how often you have had X-rays?

Mr Barber: The norm—every five years. Then you do not really know the results: 'Yeah, you're right, mate.' The last lot of X-rays—it just takes so long. One of our other fellows here will tell you about it. It takes so long and then all of a sudden they say, 'Gee, you've got it, mate. What are we going to do about it?'

CHAIR: Do you mind if we open it up to questions? We will start with the deputy chair.

Mr SPRINGBORG: Thank you very much, gentlemen, for telling us your stories and under obviously quite emotional circumstances in some cases. Jimmy, you indicated that you have been underground all that time. Kerrod, has your experience been above ground or underground?

Mr Slatter: No. I have been underground for 26 years. I have just started my 27th year.

Mr SPRINGBORG: Joe, have you been underground all that time?

Mr Barber: A combination.

Mr SPRINGBORG: You have had a combination.

Mr Barber: Yes.

Mr SPRINGBORG: What about your X-rays, Kerrod? How many have you had in 26 years?

Mr Slatter: When I first started in the industry and had an X-ray, they used to do front on and both sides. Then it went to just a front on X-ray. I have had X-rays every five years or every time I have had a pre-employment medical.

Mr SPRINGBORG: Joe, I think you said that you think you have had your X-rays every five years.

Mr Barber: Whenever we had our mine medical you would have an X-ray.

Mr SPRINGBORG: That is basically every five years. On the issue of dust and dust awareness, in your mine site environment are the results of reports on static and personal dust displayed in the shared areas, at access points, in your common areas—those sorts of things? Do you see those sheets of paper there? We have been to a couple of mines where we have seen them displayed. Are they readily available to you or your co-workers so you can get a bit of an idea of what is going on?

Mr Slatter: Their procedure states that a copy of the report is to be given to the person who took part in the test. If you have had an exceedence, they are supposed to interview you to try to get to the bottom of the case as to why. On both of those occasions—that is why I tabled those

documents—I was never interviewed about the exceedence or anything like that. For one of them I had to chase up the results myself. In the last six years that is what it has come to. We used to get a copy of it put in our lamp rack, in our lamp. Now you have to chase it up yourself. They are supposed to display it. They have a place there on the notice board to display it. I have been noticing lately that they have not been displayed.

I looked for the MOP on the control of respirable dust on the document management system, and I could not find it. I had to get a copy from the crib room underground and get it sent up to have it photocopied and sent back down to put back in the folder downstairs. I asked the comms officer to look for it for me. He did find it in G drive, which most employees do not have access to. Under legislation it is supposed to be readily available to all coalmine workers. I noticed, because I was looking for it, that it was not readily available.

Mr SPRINGBORG: You mentioned before that you are also concerned about other dust borne issues, diseases or risks for coalmine workers which is a very good point. CWP is obviously an insidious disease but the other dust risks are even more significant for miners—dust borne diseases. You have silicosis and a whole range of other issues there. You mentioned diesel particulates as being a major concern. Is there a reason for that beyond the obvious? What are you noticing and what would you suggest in that area?

Mr Slatter: We have a standard for control of diesel particulates which at the moment is being bastardised out there right at this very moment. We had a meeting on the surface on Saturday night with the ventilation officer about how it is not being adhered to, not being followed. One of those tabled documents is an exceedence of almost double on diesel particulates. The other one is an exceedence of almost double on silica. We cut a lot of stone out there. Years ago when I first started we were only cutting about 300 millimetres of stone. Now in places we are cutting 1.3 metres of stone because the seam has thinned out. We are getting subjected to more and more dangerous things.

They have the capacity to fit diesel particulate filters. The new machines they bought have the capacity to have them fitted. They do not fit them. When questioned why they do not fit them, they just simply state that they do not have to have them fitted. It is not legislated that they have to have them fitted. All of the diesel particulates are coming out of the scrubbers wet, just dumping on the ground. Over time, with drying out and traffic travelling over it—because they do not maintain their respirable dust, like Joe says, by having a permanent crew, having a water cart or whatever—it is all becoming airborne.

Mr KELLY: Kerrod, you have these two documents. It looks like they are about a year apart. They were separate monitoring activities.

Mr Slatter: Yes.

Mr KELLY: What happened when you received these? On the one dated 25 May the extent of exposure recommended for diesel particulates is 0.1 and you were 0.194. Then on the one dated 11 February 2009 the recommendation is 0.1 for quartz, which I assume is silica, and you were exposed to 0.18. What happened in each of these instances? What did the organisation do in relation to these reports?

Mr Slatter: Nothing. I questioned what we are going to do about it. They just simply said, 'You have to look at your operating.'

Mr KELLY: No change in practices, no change in task allocation, no change in safety equipment—nothing?

Mr Slatter: No.

Mr KELLY: Joe, you have been in the industry for a long time. I am interested in the culture that existed prior to 1984 and post 1984. The reason I mention that is that apparently CWP was in existence in 1984 and then it disappeared somehow magically the next year and did not reappear until recently. In your experience, in that period between 1975 and 1984 was pneumoconiosis, or black lung, something that you and your work mates were concerned about, that organisations were thinking about, that your union was talking about?

Mr Barber: Not like it is today, no. It was present. We knew of blokes who had had it. The workforce then would not work in dust. Even though we had brattice as ventilation, they would not work in dust. They would just move back and get out of the dust. You would not work in it. Today, the new guys coming into the industry—the contract labour in the industry—think it is normal. They think it is normal to work in dust. They come out and there is dust everywhere: 'That is just what we do.' It is not what they do. They should not have to. You should not have to work in dust. It is as simple as that.

Mr KELLY: After 1984, when we supposedly eradicated CWP, was there any focus by companies in relation to trying to address the issue? Was it an ongoing thing? Were there practices put in place?

Mr Barber: No. Back in the eighties, we never had the amount of dust masks, hearing protection—you name it. It was not there. Now it is all PPEs just thrown at us. They think that is a fix. It is just a soft fix. You have to put hard barriers in to stop the dust. You cannot put little bandaids on it. You have to have strong measures.

Mr KELLY: You have been having chest X-rays every five years since 1985.

Mr Barber: Yes.

Mr KELLY: Have medical staff who have read those X-rays looked at the one from the previous five years and compared it to the most recent one and had a discussion with you about that?

Mr Barber: I don’t know—no.

Mr KELLY: That is a lot of X-rays over a period of time. I heard your evidence about every two to three years. Ideally, you should do as few X-rays as you possibly can. Has anyone ever had any discussion with you about the cumulative effects of radiation?

Mr Barber: Only in the last two years.

Mr KELLY: This is a question for any of you. Are any of you union delegates in your mine?

Mr Slatter: I previously have been.

Mr KELLY: Is there a union delegate on site at present in your mine?

Mr Slatter: Yes. Both our president and secretary would like to have been present today, but I do not think the company has allowed it. They were rostered on. They said that they were going to be over at Emerald tomorrow night seeing as the company has not allowed it. They have things that they need to say as well.

Mr KELLY: I know management would sit down with you, Joe, in your role. I would hope that they would sit down with you in your role.

Mr Barber: Yes.

Mr KELLY: Do they ever actually engage with the union delegates on site and talk to them not just about dust issues but general safety issues and try to make sure that they understand what approaches the companies are taking?

Mr Barber: They would rather not. If they are forced to they will, but they would rather not. They will speak to me and my other mate out there. I actually went in to have a meeting with management once over an issue. They told our president to go away, that they would speak to me and not him.

Mr KELLY: They have a statutory obligation to deal with you?

Mr Barber: Yes.

Mr KELLY: When they have a statutory obligation they will talk to you, but they do not feel that they have a statutory obligation to talk to the union delegate.

Mr Barber: That is right. Really, I have never had that many friends in my life at Oaky North.

Mr KELLY: Come on. I think you are being a bit hard on yourself.

Mr Barber: I am serious mate. They suck up to you. I am telling you. That is just how it is.

Mr McConachy: That is why Joe was allowed to come today.

Mr Barber: Yes. I was told as late as half past four last night that, yes, I could come today.

Mr KELLY: Are you supposed to be on shift today?

Mr Barber: I should be at work now, so I am here. When I finish here, I will go to work and finish the rest of my shift.

CHAIR: I hope they pay you.

Mr Barber: Bloody oath they will.

Mr MILLAR: Joe, you tabled some documents here. You mentioned that for 25 years you have been working in the mine and you have had X-rays every five years. What was the case when the X-rays came back and you got the information that you were all clear? There was no follow-up? Was there any reporting to the mine itself of your condition?

Mr Barber: Once I had that X-ray, all it said was, 'Your mine medical is clear,' and that included the X-ray. I am from New South Wales so it is pretty much the same. You would go in, you would have your X-ray, you would have your medical and then you would hear, 'You're clear.' Tick; go back to work.

Mr MILLAR: Where were your X-rays sent? Do you know where they went or who checked them?

Mr Barber: I don't know. They were just looked at by the radiographer. Who, I do not know.

Mr MILLAR: And no report back?

Mr Barber: No.

Mr MILLAR: 'This is what your X-ray looks like'?

Mr Barber: No, it was just a tick on the sheet.

Mr MILLAR: What happened back then? I guess you got a tick and thought you were okay. Were you worried at all? Were you concerned?

Mr Barber: No, we were fit and healthy, but you knew not to work in dust. The amount of dust today is tenfold what it was back then.

Mr MILLAR: In terms of monitoring, what sorts of monitoring practices are in place where you work? How do they monitor it? When is it checked?

Mr Barber: Eyes.

Mr McMILLAN: So there is no data?

Mr McConachy: There is a Hund meter that we have at work, but if you do not ask for a reading it will not get done. In my eyes it needs to be done at the start of the shift or during shift, but if you do not ask for it your shifty will not come down and take one, and even then you do not get the results over the week. If there is an exceedence in your panel for that week, you will not even get told.

CHAIR: So you do not have real-time monitoring at all?

Mr McConachy: No.

Mr Slatter: They have only just brought that Hund out in the last six months or so.

Mr McConachy: You never know what threshold you are working in.

Mr MILLAR: So there is no practice, Jimmy, where you work to have mandatory monitoring at the start of the shift, during the shift or at the end of the shift?

Mr McConachy: No, unless you ask for it. That shifty will come down and take a reading, but your conditions change during the shift too. You might cut through a dustier patch of ground and it is not getting monitored.

Mr MILLAR: Who would ask for it? Would it be your shift supervisor? Would it be anybody?

Mr Barber: Coalmine workers. Anybody who goes underground has got that right to say, 'I don't want to work in that,' but if you do you are frowned upon.

CHAIR: What happens, Joe, if a miner says, 'I don't want to work in this dusty environment?' What happens to that miner in practice?

Mr Barber: It depends on whether he is a contractor or a permanent or a staffer.

CHAIR: Can you give us all three scenarios? If you are a contractor what happens?

Mr Barber: A contractor won't do it. They won't say anything for fear of—

Mr Slatter: His employment.

Mr Barber: Yes, of his employment or getting pushed somewhere else. Who knows what might happen to a permanent. A staff member will just get sacked. A contractor and staff member are probably about the same because management have such control over them. People have got to speak up, and if you speak up then it is frowned upon.

Mr MILLAR: Joe, with your experience of 25 years, what would be a procedure that should be adopted to make sure dust monitoring is undertaken and monitored? What would be the best way to do it?

Mr Barber: You have to have a standard at least. We have TARPs but everyone has to be on the same page. It is the dollar. The dollar governs it. 'We'll cut a bit; it'll be right, mate.' It is complacency.

Mr Slatter: There are real-time monitoring devices available out there. They should be pushed in as quick as possible. That gives you time weighted average so you know if you have just about been overexposed that you can be rotated somewhere else, or if you are overexposed you have to be removed from the dusty area. If that means you have to go upstairs and do a short shift, that is what it fucking means. Pardon my French.

Mr Barber: Can I say one thing? Procedures need to be followed. There are quite simple procedures that need to be followed. Only about three weeks ago a procedure wasn't followed. They started the longwall up. No-one is allowed in the tailgate where all the dust is taken to. There was a guy still in there. He had to make his way out by feeling his hand along the rib.

Mr Slatter: That is not the first time, too. That happened previously with another three blokes.

Mr Barber: That is not the first time; that is the second time. What do you do about that? It is a simple procedure. An upper management guy says, 'Start the longwall. Get that money rolling out.' Who cares about procedure? Let us just worry about the black stuff coming out of the hole.

Mr SPRINGBORG: Can I ask a follow-up question? What about dust control measures such as water sprays and those kinds of things? Have they been working with the crews to come up with any sort of dust suppression there?

Mr Barber: Yes.

Mr SPRINGBORG: Are you saying that is not terribly effective?

Mr Barber: It is being worked on but I do not think it is getting done quick enough. It is not just throwing water at it. It is air; it is air velocity—there are a number of factors. It is how fast the shearer travels. Slow the shearer down and there will be less dust. 'No, we can't do that.'

Mr Slatter: I worked in a very dusty seam over at Central Colliery on the longwall. We used a uni-di over there. When I first started here they used a uni-di, which gives you more of an opportunity to keep the blokes from being exposed to dust. They now bi-di I believe. I don't know; I am not on the longwall here. I have been asked to go in as a representative for a longwall crew on one block where they were continually asking about the dust. It got to the stage where one bloke fell over or tripped over because he could not see where he was walking. He tripped over and it happened to be the ERZ controller and he pulled the place up. That was when they went upstairs and asked me to go up as a representative for them, and they still did not act on it quick enough. They did act on it by changing the style of drums to ones that are less dusty, but they didn't want to.

Mr SPRINGBORG: Joe, you mentioned an issue before about production increasing significantly; it is about production and, therefore, that is the bottom line. You inferred mitigating concern about other risks. Miners in your mine—I am not sure if you are all in the same one—receive significant production bonuses, or is that—

Mr Barber: Yes.

Mr SPRINGBORG: Does that also, in a perverse way, ameliorate concerns of the workforce—that is, if you have a significant production bonus you are happy to be pushing out more coal because those production bonuses can be quite significant?

Mr Barber: A production bonus works both ways.

Mr SPRINGBORG: I understand that.

Mr Barber: We get a bonus and we want more bonuses and the company wants more coal. That is why they put a bonus up.

Mr SPRINGBORG: I understand that.

Mr Barber: But, yes, it is the dollar, whether it be from a worker's point of view where they think, 'Geeze, we can cut more coal; we can get more money.' It just goes on and on but, yes, it is a big factor.

Mr SPRINGBORG: Do you believe from your experience—and you can answer this, Joe, or the other two gentlemen—that you can marry the two together: that is, have better investment in technology, dust suppression, monitoring in real-time and those sorts of things and have enhanced production which is of benefit to the mine and the coal workers?

Mr Barber: There would be less compensation. They are going to have to compensate these blokes for sucking dust—these victims of black lung. If they thought about it 10 or 20 years ago, we would not be sitting here.

Mr SPRINGBORG: They did not know about it—

Mr Barber: Yes, they did.

Mr SPRINGBORG: The evidence that we have seen is that the diagnosticians—the people diagnosing it—did not even know what they were looking at because they had all convinced themselves that it had gone away. Even when it was discovered in one or two cases that we have seen it has not been reported to the mine itself because of privacy. There has been a complete breakdown. It goes back to what the member for Greenslopes said. They convinced themselves that it did not exist so do not look for it. It is true: if we had known that 10 years ago, we might have, or the industry itself might have, taken different steps.

What I am trying to get at—based on your experience in your current underground mine or from what you have seen in other places and from talking to your colleagues in various areas—is something that marries together the production and the safety of workers. At least we have an awareness about CWP now that did not exist. It should have existed but it did not exist.

Mr Slatter: We haven't been educated about it. People like myself and Joe who have been in the industry for a long time were educated about it. I was fortunate enough to work with a Pommy bloke who worked over in England and he said to me, 'They think this black lung is eradicated; it's not. It's still there. They're just not looking for it anymore.'

Mr SPRINGBORG: I think there is no doubt about that. Joe, you mentioned your uncle, and I know it was a very emotional point for you. If you do not mind me asking, when was that?

Mr Barber: When was that? He would be 80 now.

Mr SPRINGBORG: Back in the seventies?

Mr Barber: In the fifties or sixties he worked at Lithgow Valley Colliery.

Mr SPRINGBORG: You said he was 48?

Mr Barber: He died at 48.

Mr SPRINGBORG: Around about 30 years ago?

Mr Barber: Yes, he was dusted—completed dusted. Like I said, he couldn't walk from here to there without stopping. He was a big man and it totally just wasted him away.

Mr SPRINGBORG: I have asked this question of a number of coal workers in the last few hearings. Was CWP something that was spoken about very much or at all prior to its so-called reidentification last year? Was it something that people talked about? I suppose a lot of new entrants in the mining industry had never heard about it, other than a couple told us they had seen it on *Zoolander* once. Somebody referenced it there. They had never heard about it. Did people who have been in the industry for a long time going back to the sixties, seventies or early eighties ever say, 'We think CWP is still around,' or 'Why has it just disappeared?'

Mr Barber: If you do not see something—if you see a hotplate and you put your hand on it, you know it is hot because it burns your hand. If you do not see it in the flesh, you can discard it. You don't believe it. It is when you see people or friends suffering from it. Because it is not a massive epidemic—like one is too many, is it not? I am afraid that we are going to have more than just one. We have got one at Oaky North. In 2009, they missed the diagnosis, yet he was exposed for how long? It is 2016. It is seven years. That is not good enough.

CHAIR: No.

Mr SPRINGBORG: There are 18 now that we are aware of. There will be more, I think. There is little doubt about that. There are people who, if they had been properly diagnosed, could be significantly healthier today. No further questions.

CHAIR: Thank you very much, deputy chair. I would now like to go to counsel assisting, Ben McMillan.

Mr McMILLAN: Thank you, chair. Gentlemen, can I just ask you a few preliminary questions just so that we have some context around your evidence. Can I ask each of you to tell us which mine you work at and the job that you currently do at that mine, starting with Jimmy?

Mr McConachy: Yes. I am an underground diesel fitter at Oaky North. I have been there for 10 years working at the face.

Mr Slatter: I am an underground coalmine worker. I work in the development production unit. I have been there for 12 years.

Mr McMILLAN: Did you say earlier that you had previously worked on the longwall?

Mr Slatter: Yes, I have worked at longwalls in a couple of different places.

Mr McMILLAN: You are at Oaky North now?

Mr Slatter: Yes.

Mr McMILLAN: Joe?

Mr Barber: Oaky North, out-by fitter. I have spent most of my life in development panels. I have been in a wall.

Mr McMILLAN: How long ago was the last time you worked on the wall?

Mr Barber: It was just this year we were down there. It is just making regular inspections and stuff like that.

Mr McMILLAN: And you are also the site safety and health representative at Oaky North?

Mr Barber: Yes.

Mr McMILLAN: As I understand the process for that job, you are elected by the workers?

Mr Barber: Yes.

Mr McMILLAN: Then you are appointed by the SSC under the legislation?

Mr Barber: Yes.

Mr McMILLAN: To that job?

Mr Barber: Yes.

Mr McMILLAN: You gave an example that Kerrod confirmed as well during your evidence earlier about a worker who was in the tailgate after the shearer started its work and had to feel his way out along the ribs. Did you see that happen? Were you there?

Mr Barber: No, I did not, but I interviewed the guy and we have documented evidence of that at work.

Mr McMILLAN: As the SSHR you interviewed the guy who—

Mr Barber: Yes. You have to deal in facts. You do not want fiction. The facts were that he had to feel his way out and he had no dust mask on. He was subject to whatever was coming out of that block of coal at the time.

Mr McMILLAN: Kerrod, were you there when that happened, or have you seen that happen with other blokes?

Mr Slatter: No, that was on our shift and we just heard about it. It was our last shift of the tour. I just heard about it in the shower block. One person said to me, 'We've dusted another bloke out in the tailgate. They've kicked the longwall off and there's still someone in there.'

Mr McMILLAN: You very astutely identified that we need to deal in facts and the committee does as well.

Mr Barber: Yes.

Mr McMILLAN: While it is useful for the committee to hear anecdotal stories about what somebody has heard somebody else say in a shower room, for example, I think it would be very useful for you as the SSHR to explain what this worker told you specifically about that experience. You have just mentioned that he was not wearing a dust mask. How did he find himself in that position and what happened after that occurred?

Mr Barber: He had to go to the tailgate for statutory checks that he had to do. He went in and while he was in there the wall started up. It was just a quick walk in and out. It started up.

Mr McMILLAN: Normally, that is a no-go zone, is it not, while the shearer is operating?

Mr Barber: It is a restricted zone, yes. No-one is allowed on the in-by side of the shearer wholly and solely for dust.

Mr McMILLAN: In terms of the process, is the error there that he went into no-go zone or—

Mr Barber: No.

Mr McMILLAN: It started while he was there.

Mr Barber: No, there was no error. His tag was on the tag board. When they put their tag on the tag board, there is a red card that goes behind the tag and then his tag goes on to indicate that he is in a restricted zone. We will go back a few weeks. I sat in on a risk assessment. The longwall deputy would do both. He would do his face line inspections and the tailgate. Because it was slowing production down they say, 'Right, we want two deputies to do that: one in the tailgate, one in the main

gate.’ I say, ‘Righto. Okay.’ These two blokes have to communicate. How do they communicate? They cannot talk on the phone, or by a radio, or whatever. There is a common person. There is the comms officer on the surface. The comms officer will tell the deputy in the main gate that the tailgate deputy is out. Then he can start. He is in there. The under manager comes up, or the shift manager comes, and says to the comms officer, ‘I’m starting the wall.’ ‘No, you can’t.’ Yes, he rang the deputy in the main gate and told him to start. The process is short cut.

Mr McMILLAN: The failure, if I can pinpoint it, is that someone—

Mr Barber: A fourth party.

Mr McMILLAN:—gave a direction to start the shearer while there was a bloke in a no-go zone in the tailgate.

Mr Barber: Yes.

Mr McMILLAN: That, one would think, is a fairly serious breach of standard operating procedure?

Mr Barber: Yes.

Mr McMILLAN: Is there a TARP in relation to—

Mr Barber: What did I do about it?

Mr McMILLAN:— that process?

Mr Barber: I went and saw the SSE. It was in the last week. I asked him what controls he was going to do to stop this happening again. Between the SSE and the production manager, if this happens again, they will take disciplinary action on the person who does that.

Mr McMILLAN: As the bloke emerged from the dust, did the production stop and everyone have a meeting about how that occurred at that time as far as you know?

Mr Barber: Why would production stop?

Mr McMILLAN: Was he removed from the working environment immediately?

Mr Barber: Once he came out of the tailgate, he just went on with his normal duties. I have full documentation of the whole incident.

Mr McMILLAN: All right.

CHAIR: Can you provide that documentation to us?

Mr Barber: If you wish to have the documentation—not here today—

CHAIR: No.

Mr Barber: I could get it for you—the actual transcript that comms wrote over from the conversation, ‘Why did you start it up? I was still in there.’

Mr CRAWFORD: Is that all recorded by the company?

Mr Barber: That is recorded, yes. I actually got photocopies of the whole incident.

CHAIR: If you could provide that, we would be very grateful.

Mr KELLY: Sorry to interrupt, are there other hazards other than the dust issue?

Mr Barber: Dust, CO, whatever other gases are coming out—high methane. Who knows what is going to come out on production.

Mr KELLY: Is it a dangerous place to be in terms of the potential for crush injuries and those sorts of things? Can you get caught in machinery should you not be there—

Mr Barber: No. There is just dust gas.

Mr MILLAR: But you are in confined spaces—very confined spaces.

CHAIR: Yes.

Mr McMILLAN: If you do not feel comfortable saying this in a public hearing, please tell me. Can you tell us whether that particular worker was a permanent worker or a contractor?

Mr Barber: A permanent.

Mr McMILLAN: And were other guys on that crew at the time permanent or contractors; do you know?

Mr Barber: It was the regular longwall crew, yes.

Mr McMILLAN: Do they tend to be more permanent staff, the longwall crews at Oaky North?

Mr Barber: Sorry, he is a contract deputy.

Mr McMILLAN: The deputy was a contractor?

Mr Barber: Yes.

Mr McMILLAN: You said earlier that you asked some questions about people reporting safety concerns to you. You said that the contractors will not do it for fear of losing their jobs.

Mr Barber: Yes.

Mr McMILLAN: As part of your job, or your role as the SSHR, do you have to go around and try to proactively make contact with different crews around the site? Is that something that you do?

Mr Barber: I have to do inspections, but I do not have to do that; it all just comes at you. You do not have to go looking for discrepancies, you do not have to go looking for it; it just comes at you from every angle.

Mr McMILLAN: My interest is in how you know that the contractors will not speak if they do not speak to you.

Mr Barber: Just on past experiences—'Oh, don't say that.' 'You can't say that.' 'Just leave it alone; it will be right.'

Mr McMILLAN: Have you as the SSHR actually had the experience of contractors telling you that they do not want to speak up?

Mr Barber: Yes, absolutely.

Mr McMILLAN: Is that contractors working across all the different sorts of jobs on site?

Mr Barber: Yes, whether they be out by, panel—you name it.

Mr McMILLAN: Is that an experience that is common? It happens all the time? Contractors say that to you?

Mr Barber: I have seen it on a number of occasions.

Mr McMILLAN: As the deputy chair indicated, there are now 18 confirmed cases of coal workers' pneumoconiosis in Queensland. Joe, you indicated earlier that the experience of having your mates, your colleagues and hearing about other people's mates being diagnosed has certainly raised awareness and raised the ire of workers. Have you seen over the past, say, 18 months to two years a change in the approach of the company as well as a result of these new diagnoses? Do you think that there has been a change in the approach in the past 18 months to two years as a result of that reidentification of CWP?

Mr Barber: Yes. It has only been in the last—I am not sure when the dust committee was formed at work. If you ask for the dust to be suppressed, it will be. They will let you do it. 'Just hose the road.' That is a common reply, a quick fix.

Mr McMILLAN: The deputy chair asked you about the experience of crews working on new ideas about sprays and dust suppression. You said that you have seen that happening. Has that been over the past 18 months?

Mr Barber: Yes.

Mr McMILLAN: I expect, as a result of your experience as an SSHR in terms of what the company is doing, probably you have a much higher level of knowledge than most of the other blokes on crew. Can I ask you, Kerrod and Jimmy, have you seen in your work a change from the company's perspective in the past 18 months to two years?

Mr McConachy: It is only things that we ourselves have put in place, like sprays on machines. If we never showed that initiative, I do not think it would have got done.

Mr Slatter: This dust committee was formed after the particular incident that I was talking about earlier—about longwall 404—where the longwall crew stopped the longwall and went upstairs for a meeting. They formed a dust committee. Originally, it was only for the longwall. I questioned that. I said, 'There's not only dust in the longwall; there's dust throughout the pit, out-by roads, in the development panels.' Then all departments were involved in the dust committee meetings. Ideas were thrown about there and then they have an action dedicated to personnel to follow the actions through and implement them.

Like Jimmy says, we have put extra sprays on machines and stuff like that. Previously, in the past, when you turned on extra sprays or you tried to hose the dust down while you were cutting the machine would cut down, because they have water flow sensors on them. They will shut the machine

down because of the low water flow. It has only been since the coming to light of the black lung that they have addressed that water flow issue so that we can fit these extra sprays. What we have done with the miners now, we would not have been able to do that two years ago, because the miners would never run. These are continuous miners I am talking about in the development panels.

Mr McMILLAN: Jimmy, did you want to add anything else to that?

Mr McConachy: No.

Mr McMILLAN: Thank you very much, gentlemen.

CHAIR: Is there anything more that you would like to add?

Mr Slatter: I am sure I will think of more when I walk away.

CHAIR: I thank you for being here today and I thank you for your evidence. Joe, we look forward to receiving that information.

Mr Barber: No worries.

CHAIR: I would now like to call Brad Rogers and Gavin Anastasi.

ANASTASI, Mr Gavin, Private capacity

ROGERS, Mr Brad, Private capacity

CHAIR: Brad and Gavin, thank you very much for being here today. For the benefit of Hansard would you please state your name and tell us in what capacity you appear here today.

Mr Rogers: My name is Brad Rogers. I am a pulley at Oaky North coalmine. The reason I am here today is because I have been diagnosed with pneumoconiosis and I wanted to have my say.

Mr Anastasi: I work at Oaky No. 1. I have been there approximately 11 years and 7-8 years at Oaky No. 1. I am here today to listen to what is going on. I was diagnosed back in May or June with simple coalminer's pneumoconiosis. That is why I am here today.

CHAIR: Thank you. Gavin, would you like to begin your evidence, please, in relation to your history in mining and also your diagnosis—how that happened?

Mr Anastasi: I have worked for several contractors. I originally worked for UGM engineering and we worked at Kestrel for approximately a year putting in belts. Then after that I worked for a company called Central Queensland Electrics. They were also putting in belts. We worked at Oaky No. 1 and Grasstree. After that I worked for Walter Mining at Oaky North. We were doing drill and blast there and also doing belts as well. After that I came over to Oaky No. 1 as a contractor in outbye driving a loader. Then they offered me a job after about 18 months, a permanent position. I have been with the company now just over five years. Predominantly most of my life has been at Oaky North, Oaky No. 1, probably six months at Grasstree Mine and a year at Kestrel.

CHAIR: Can you walk us through how many chest X-rays you have received and how you received your diagnosis, please?

Mr Anastasi: I had a chest X-ray when I first started mining, which was in 2005. Then I had another chest X-ray with CQE when I started with them and then another one before I started with the company, which was I think in 2010. I probably would not have been diagnosed but my father passed away and I was in a pretty bad state. I ended up with a stomach ulcer. I did not know this, but I went to Emerald hospital and they pumped me with a media dye and then gave me a CT scan. These two doctors came in and said, 'We think you've got an ulcer.' They put me on medication and I went back home. My daughter works for a medical imaging company in Bundaberg. She said, 'Can you give me the CT and I will show it to the doctors or radiographers here at the X-ray department?' From what I gather, there are people who take X-rays but then there are doctors as well. I am not real familiar with the procedure. She took it to them to be read and they said, 'It's only the lower part of his lungs, but he's got nodules. Don't concern him too much, but get him to go to a doctor, get a referral and come back for a full CT chest scan,' which I did. Then they said, 'You've got more than just a few. You have quite a few nodules there.' I was then referred to a Dr Liebenberg in Bundaberg. Dr Liebenberg looked at it and he diagnosed that they were from 3 millimetres to 5.4 millimetres. He said it was dust related but he would not confirm whether it was silicosis or coalminer's pneumoconiosis.

I then presented that evidence to the mine manager. He sent me to a Dr Edwards in Brisbane to look at all the evidence. Then I had another CT scan and I took that down as well. He looked at it and said, 'Gavin, they are carbon nodules.' I said, 'What do you mean by that?' He said, 'You've got early coalminer's pneumoconiosis.' I asked him to write it down. He wrote it down on a piece of paper for me. I came back and it has gone from there.

Dr Brown then agreed with Dr Edwards that that is what I had. There was another doctor, Dr Parker, who said that I had asbestosis from when I was an apprentice mechanic. That was overruled because Dr Edwards said, 'Do you know what carbon nodules look like?' Dr Parker said, 'No, I don't.' That was overruled. Dr Edwards said that is what it is; Dr Brown has agreed with him; Dr Liebenberg in Bundaberg is neither which way, but he said it is dust related. For whatever reason he will not totally commit himself. I said, 'Would you agree with that diagnosis?', and he said, 'Yes, I probably would agree with it,' but he will not put it in writing for whatever reason. Whether he thinks it is a myth, I do not know. Since then I have been sent to Brisbane to a Dr McKeon, who has examined me, and I am awaiting the report from him. That is where I am today.

At this stage I am on the surface because I am no longer allowed to go underground. Both specialists have said that I have to keep out of the dusty environment because they will only grow and get aggravated and I will end up going from a 5.7 millimetre nodule to a 10 millimetre nodule. They evidently join and then it becomes a massive fibrosis. I am getting to understand where it is all

at, but it takes a while. Presently, Allan Thomson is down there seeing Dr McKeon today again. He is the other fellow from No. 1 who has been diagnosed. He is a little bit further advanced than me. My main concern is that as long as I keep out of the dust those nodules should not grow.

One of the specialists, Dr Liebenberg, said, 'How much diesel particulates have you been exposed to?' That was his concern. I would do approximately 1,400 hours when I was outbye on the loader per year. I worked out the days that I worked and gave myself an average. When you are reversing the loader out, you are covered in oil; you have a diesel film all over your face. When you go for a shower of an afternoon it is quite hard to get it off. If you are travelling forwards into the ventilation you will not get it, but if you have to reverse out and you have something dusty on the front, that is when you will cop all the diesel. It is a black film all over your face. That is his biggest concern; Dr Liebenberg from Bundaberg said, 'They may lay dormant for years and then all of a sudden something will trigger them. That is when it will become lung cancer.' He said, 'There is nothing we can do.'

CHAIR: Thank God for your daughter, Gavin, because she has obviously pushed you to get further testing. I would now like to go to Brad, please, for your evidence.

Mr Rogers: I started mining in 1985 in Mount Isa Mines. I worked there for approximately 16½ years. I went to Armidale and worked in a narrow vein gold mine at Hillgrove for about 12 months until they went into receivership. Then I moved back up to Mackay and started contracting here at Oaky North in November 2002. Most of my contracting would change from company to company. At Oaky North I have only spent four months away doing wall moves at Moranbah North and Glenden. The rest of my time was at Oaky North as a contractor, as a temp and then as a permanent.

I received a chest X-ray when I first started as a contractor, when I first got the job. Then before I got my permanent I had another one and then one every five years. I had one in 2009. The local doctor here said he thought I had shadow on my lung, so he sent me for a CT to Rockhampton. I went the next day and had it done. When the results came back they asked if I had ever had pneumonia and I had as a child. They wrote it off and said that it was just scarring from the pneumonia.

The next X-ray was in 2014 or 2015. Nothing was mentioned about the scarring or anything else. Then early 2016 when I came back from holidays we had chest X-rays done again. Then later on, probably another month, was when all the new digital testing came out. Mine went away. There was confusion as to where to send it. It took nearly five months to get back here. When it came back the radiographer's report said that the most probable diagnosis was pneumoconiosis.

From there I went to see Dr Edwards in Brisbane. I took my old CTs with me and he had a look and he said, 'Yes, it is, definitely.' He asked me about the one in 2009. I told him what had happened and he had both of them on the screen and he said, 'No. I can actually see it. You had it then.'

CHAIR: Brad, we are very sorry that it was not diagnosed when it should have been.

Mr SPRINGBORG: Gentlemen, thank you for telling us your stories. Brad, I wish we could actually say that your story was remarkable and unusual, but it is not. Unfortunately, most of your colleagues who have been diagnosed with coal workers' pneumoconiosis had been misdiagnosed previously because the competency was not there to do it. That is inexcusable, but it has happened. We are determined, as the chair said, to make sure there is closure and these sorts of things do not happen again. Gavin, can I step you through your circumstances? Your daughter felt that it was necessary for your images to be read at a higher level. Can you tell me the amount of time that had elapsed between when you had those images taken for your ulcer and when you had your last previous X-ray taken as a part of your work under the coal workers' health scheme? Was it a 12-month or 18-month gap? How long was it between those X-rays—the chest X-ray and that one?

Mr Anastasi: The chest X-ray would have been when I started. It was December last year when I had the CT scan at Emerald Hospital and then it was only a week or two after that that I got the one done in Bundaberg. It would have been the coal board medical when I first started with Xstrata, which would have probably been in 2010 or 2011.

Mr SPRINGBORG: But you had had a subsequent chest X-ray as part of the five-yearly—

Mr Anastasi: Yes.

Mr SPRINGBORG: Okay. Remarkably, you had managed to develop CWP between that few weeks of when you had your chest X-ray and then you had your other X-ray?

Mr Anastasi: No, that would have been probably a four-year span. It would been 2011 when I started with the company and then it was 2015 when I had that high-resolution CT scan at Emerald Hospital.

Mr SPRINGBORG: Is there any reading of those earlier X-rays? Have they been reviewed?

Mr Anastasi: I do not know to this date, no, whether they reviewed them or not.

Mr SPRINGBORG: We are finding that, upon review, the greatest majority had nodules, which are detectable by people who have some competence in the area. We would be most interested to know. I thought that we had been provided information about reviews in those areas. I would be most interested to know if yours had been reviewed.

Mr Anastasi: I cannot honestly answer that. I do not know whether they have reviewed them and I do not know where those X-rays would be.

Mr SPRINGBORG: Again, about a four-year time span had elapsed between when you had had your previous Coal Board medical X-ray and then when you had gone to the Emerald Hospital for your high-definition CT scan?

Mr Anastasi: Yes.

Mr SPRINGBORG: You also mentioned, Gavin, that you have worked extensively as a contractor and also more recently you have been in a permanent position.

Mr Anastasi: That is right.

Mr SPRINGBORG: In your time working as a contractor for most of your working time in the mine, from what I can gather, and a short period as a permanent, have you discovered a different attitude on the part of mine management towards you as a contractor compared to you as a permanent worker? I suppose it is a bit difficult, because you may have been in different work environments with different employers.

Mr Anastasi: Look, I do not honestly think that it was much different, really.

Mr SPRINGBORG: Would you have felt more concerned about expressing worries over safety issues in a mine, or dust issues if you were a contractor compared to now being a permanent mineworker?

Mr Anastasi: The worst thing about it is, when you start contracting, you have no idea what is expected of you, right? You go in there and, if it is dusty, you just suck it up and that is it, because you think that is the norm. It is not until later down the track after you have a few years experience that you will start to realise that it is not the norm. That is a problem.

Mr SPRINGBORG: This question relates to your experience since you have been diagnosed, Brad and Gavin. You have been moved to a lower dust environment. For all intents and purposes it is a sideways move from a remuneration point of view. You have been looked after reasonably well by your employer?

Mr Rogers: I was taken out of the underground environment and I had had some form of training in the comms room. They decided to put me in Comms and that is where I have been ever since.

Mr SPRINGBORG: You have been comfortable that they have been empathetic enough, considerate enough and supported you enough?

Mr Rogers: Yes, and no. You ask questions; you do not get any answers. I have asked the mine manager, the production manager, the head of the safety department, 'What are you guys going to do with me?' and they just shrug their shoulders. The mine manager the other day, he was in the comms room and I said to him, 'Have you had meetings?', because I had heard that they had had meetings with some of the higher people in Glencore. I asked, 'What are the outcomes? What is going to happen?' He just looked at me and he said, 'We don't make jobs for people' and he walked out. That was his response.

Mr SPRINGBORG: You are in a job at the moment that you have competencies and capabilities and you are fulfilling okay? You do not feel that your position is threatened as a consequence of your illness at this stage?

Mr Rogers: I do not know, because there are already comms officers. They put me there to get me out of the dust. There were already people in those positions. There is not actually a spare possession.

Mr SPRINGBORG: If you hear anything different in the future, then you are at liberty to contact this committee while it is operating. Gavin, what has your experience been since you have been diagnosed?

Mr Anastasi: Probably the most stressful thing is not knowing where I am heading to, or how bad this disease will get, and where they will put me. I am a motor mechanic by trade. There is talk of upgrading me to a diesel mechanic, which they are looking into, which is fine. As long as I am not

exposed in a dusty area; that is all. That is my biggest thing. I am in a CABA hut at the moment recharging CABAs and emergency response stations and doing a bit of fitting work like that, giving them a hand with them. You are out of the dust. The pay has not changed. They have honoured all of that, yes.

Mr SPRINGBORG: Thank you.

CHAIR: I would now like to go to counsel assisting.

Mr McMILLAN: I have some questions about your journey as well, if I can put it that way. Can I ask you, first of all, about your jobs before your diagnoses? You are a diesel mechanic by trade, Gavin?

Mr Anastasi: No, I am a motor mechanic by trade.

Mr McMILLAN: A motor mechanic. Did you ever work on the longwall?

Mr Anastasi: No, I did not. I spent probably six or seven weeks there over at North one time. They had a cave-in. They had hit a fault and they had us there. Wilsons were there PURing and then they had us there with jackhammers, because the roof was falling in. I was there doing drill holes and then Wilsons had come and pumped PUR up to keep the ceiling up and with any of the big rocks and that, we had to jackhammer them out of the road.

Mr McMILLAN: Brad, have you worked on the longwall?

Mr Rogers: No, not on the longwall itself. I worked on the longwall move. I have spent nearly all of my time in development.

Mr McMILLAN: The committee toured an underground coalmine yesterday and I was with them. In my observation, the only people working underground in the entire underground environment who were wearing dust masks were the seven or eight people who were working on the longwall at the time. Is that your experience as well—that outside of that immediate environment people were not wearing respiratory protection?

Mr Rogers: No, when I worked in development, guys like Kerrod and I were in the same areas. The guys used to wear the P2 masks, because they drained the longwall—the blocks to relieve the gas that had dried the coal out severely—and while they were cutting, if you were standing on the side of a miner, I would be flat out seeing from me to that bottle.

Mr McMILLAN: I have confused you, I think. I am interested in the people like you who do not work directly with the longwall shearer in the immediate vicinity of the shearer—people who are elsewhere in the underground environment. Are you wearing dust masks as well in your ordinary work?

Mr Anastasi: Yes. Even in the out-by work, the amount of dust that comes over the roads and that is phenomenal. The guys wear dust masks because of that reason.

Mr McMILLAN: Can I ask you about your previous coal workers health scheme medical checks prior to your diagnoses? Each of you have you had, I think, at least two prior to being diagnosed. When you had those checks with the assessment with the nominated medical adviser, first of all, was that person a doctor?

Mr Rogers: I did mine here with the doctor.

Mr McMILLAN: And Gavin?

Mr Anastasi: Yes, with the doctor, yes.

Mr McMILLAN: Did the doctor ask you about your occupational exposure to dust over the time that you had been working in the industry?

Mr Anastasi: No.

Mr Rogers: No.

Mr McMILLAN: Did he or she ask you any particular questions about the type of work that you do and how much dust is created by that work?

Mr Rogers: No.

Mr Anastasi: No, they would asked what position you had—you were an underground coalminer—but they did not ask that other question, no.

Mr McMILLAN: Did you get the sense that the issue of dust was part of the consideration of whether you were fit for work or not in those previous assessments?

Mr Rogers: No, not really. We just used to go in here and you would have your chest X-ray. They would do your fitness part of it and it would go away. If there was nothing to worry about, you would not hear about anything. The only reason mine was is that the doctor saw the shadow and discussed that with me. As I said before, once they said that it was scarring from pneumonia, I never heard anything else on future X-rays at all.

Mr McMILLAN: Gavin, was your experience similar?

Mr Anastasi: Yes. I think, if I did not get a CT, I would still be underground. I would have still been on the loader. I do not know whether it would have been picked up. It may have been, but there is a question mark there and it is just pure luck, I think, with what happened.

Mr McMILLAN: Have either of you made applications for workers compensation?

Mr Rogers: Yes.

Mr McMILLAN: And, Brad, yours has been approved, has it?

Mr Rogers: Yes.

Mr McMILLAN: How long did the process take from when you made the application to when it was approved?

Mr Rogers: About four and a half months, I think.

Mr McMILLAN: At this stage, I take it, that is an approval for medical only, because you are still working; is that right?

Mr Rogers: Yes.

Mr McMILLAN: Gavin, have you made an application?

Mr Anastasi: With XtraCare, they have accepted the fact that I have early coalminers’ pneumoconiosis. They have accepted that claim. Is that the question that you are asking?

Mr McMILLAN: Yes. You have put in an application with WorkCover and they have accepted it, have they?

Mr Anastasi: Yes.

Mr McMILLAN: Have they accepted it for medical expenses? Going forward, they will pay for your medical expenses?

Mr Anastasi: They will, yes.

Mr McMILLAN: How long did that process take from when you first applied to when it was approved?

Mr Anastasi: It would have probably taken four months.

Mr McMILLAN: Thanks very much, yes, thank you, chair.

CHAIR: Thank you.

Mr Rogers: Can I say one thing?

CHAIR: Yes, Brad.

Mr Rogers: If the new style of X-rays had not come around, when I talked to Dr Edwards, he said to me, ‘When was your next medical due?’ and I said, ‘Four years.’ He said, ‘If this had gone on for another four years, we would be talking pain management, life expectancy.’

Mr CRAWFORD: Are you gentlemen part of the 18 who are currently diagnosed with CWP, or are we looking at 19 and 20?

Mr Rogers: We do not know. I was told back in June and July when I had mine that I was No. 17 in Queensland.

Mr CRAWFORD: Seventeen. Okay.

Mr Anastasi: No, I think the process was that our union representative, Rosco, he went to see Shane, our mine manager, and then Shane has to do the reporting. Does that sound right? Then he reported the case.

Mr CRAWFORD: Do you know if you are part of the 18?

Mr Anastasi: I think so, yes.

Mr CRAWFORD: You are part of the 18. Okay.

Mr Rogers: Because on the news they have only just recently had a gentleman in Mackay, who was an above-ground worker who said that he was No. 17 in Queensland. That is rubbish. When I was diagnosed, they said there were only eight. What has been covered up?

CHAIR: That is what we are trying to get to the bottom of, Brad.

Mr McMILLAN: Have any of the doctors, particularly Dr Edwards, had the opportunity to review previous X-rays that you had the same way that Brad has had that experience?

Mr Anastasi: Dr Edwards has reviewed two CT scans, but I had another one last week and nothing has changed. Everything has remained where it should be.

Mr McMillan: Has Dr Edwards been able to tell you that you had it in 2009, the same as Brad had that experience?

Mr Anastasi: No, I have never asked the question and I do not think he has seen the X-rays.

CHAIR: Has the Health Surveillance Unit from the Department of Mines ever been in contact with you?

Mr Rogers: No.

Mr Anastasi: No, I don't think so.

Mr Rogers: I suppose the biggest thing for guys like Gav and myself—I do not know about Gav—is that I was told to come back in 12 months' time. When you live in this area, the amount of airborne dust and everything that is there all the time, we have to wait 12 months to go back and find out whether still being here is actually aggravating what we have.

Mr Anastasi: I have a brother-in-law who has worked up here for 13 years and he has been diagnosed with silicosis. He is 45, so he has lost everything. He is in a Housing Commission unit now. He has two young daughters and he is in Bundaberg. I do not think you know about him.

CHAIR: No.

Mr Anastasi: There is another fellow there called Macca. He was a dragline operator from Ensham. He got a payout and was sent home seven years ago. He is also in Bundaberg. I would love it if you could interview my brother-in-law and have a chat to him about his silicosis, because I think it would help with the whole process.

Mr SPRINGBORG: He has silicosis and you said there is another one who is similar. Is that silicosis as well?

Mr Anastasi: Yes, it sure is.

Mr McMillan: At least, we think it is silicosis.

Mr Rogers: Both of us had been to see Dr Edwards. He is the best.

CHAIR: He is a consultant to us as well.

Mr Rogers: I was sent to the same doctor that Gav was sent to at Chermside, Dr McKeon. When I contacted Dr Edwards, Dr McKeon was not even on the list of people who could read pneumoconiosis. When I went and saw him the first thing he said to me was, 'You worked in Mount Isa.' He said, 'No, you've got silicosis.' That was within a minute, so who are these people?

Mr SPRINGBORG: That is another thing we found out: we have had dozens of people reading stuff and they did not know what they were reading. It is a matter of public record.

Mr Rogers: These are the doctors that the company is sending us to. I do not know whether they are trying to say, 'No, you haven't got what you've got,' whereas the leading specialist tells you that you have.

CHAIR: Yes, we know it is a bugger right across the system, let's face it. It is our job to get to the bottom of it and to make recommendations, and we will.

Mr Rogers: Hopefully you do, because we do not want to see any of these young guys with what we have.

CHAIR: Gavin, can you supply the details of the names of people who you would like us to contact to Jacqui, if you do not mind?

Mr Anastasi: Yes.

CHAIR: We thank you very much for your evidence today. We are very sorry that you have black lung and we undertake, no matter what, to provide the best possible report that we can to the parliament and to the people of Queensland on your behalf, on your families' behalf and on behalf of everyone who works in the coalmining industry.

I understand there are other people in the public gallery who would like to give some evidence now. We will just have a two-minute break.

Proceedings suspended from 11.03 am to 11.12 am

EARL, Mr Matthew, Private capacity

PERKINS, Mr Heath, Private capacity

TREWIN, Mr Tim, Private capacity

WARREN, Mr Alistair, Private capacity

CHAIR: For the benefit of Hansard, can I ask Matthew, Heath, Tim and Alistair to state their names and the position which they hold at the mine or why they are here to give evidence to the committee.

Mr Earl: My name is Matthew Earl. I have been at Oaky North for 10 years. I started my electrical apprenticeship. I have predominantly been on the longwall for about seven years as an electrician, so I have been exposed to probably some of the dustiest environments you can get and that is why I have plenty to talk about.

CHAIR: Thank you, Matthew. We look forward to your evidence.

Mr Perkins: My name is Heath Perkins. I have been at Oaky North since 2004 and I would just like to take the opportunity to speak with you guys about my experience. Secondly, I would like to thank Gaven and Brad for coming up as well. That would have been a hard thing to do, so I would just like to acknowledge that.

Mr Trewin: I am a coalmine worker in development at Oaky North. I have been at Oaky North for five years underground longwall and development. I started mining about 2001 at Central Colliery. I have been around a few other coalmines since. I ended up at Oaky North. I just wanted to share some of the things that I have had to deal with since it all came out and a lot of the misinformation that was handed out at the time too, so that is why I am here.

CHAIR: When you give your evidence can you please be very fulsome, because we do have evidence that you might like to clear up for us.

Mr Warren: My name is Alistair Warren. I am just a coalmine worker at Oaky North. I have been there for about five and a half years. I worked at Crinum East, Crinum North, Kestrel and then Oaky North.

CHAIR: You have experience as a contractor as well?

Mr Warren: Yes, I do, yes.

Mr Earl: Initially, I was on the crew that sort of got the ball rolling on a lot of the dust related issues. I was actually on shift when the ERZ controller fell over and did his back in. He tripped over because of poor visibility. That was basically the tipping point for me and a lot of the crew members. That is what really started the ball rolling on dust management, trying to reduce dust, at Oaky North. That was a very big tipping point, and it did not go down very nicely. Since then, a lot of things have changed, but it has taken a lot of forcing our hand and the company's hand to get the ball rolling on a lot of the issues. There was a bit of a stand-off there to begin with.

CHAIR: How were you treated?

Mr Earl: Initially when the deputy hurt himself, our main focus was not on dust at the time but on purely his health. We had to stretcher him out because he could not move. He did a couple of discs in his back. Our main focus was getting him out. Then obviously we started looking at the reasons why the incident happened. That started the ball rolling with dust. We forced the company to change the drums on the shearer. That was a big thing, because we knew that with the other drums there was about a 15 per cent decrease in the dust. Some people would argue that the other drums did not do that, but from previous experience people who operate that machinery definitely knew that they were better drums. That rolled on for a few years until we got to the point where we withdrew our labour in regard to our chest X-rays. I was one of the ones who sat on the surface. We did not get treated very nicely. There are a lot of alternative duties that we asked to do that we could have done. Basically we were told to sit in a room for seven night shifts. There was nothing we could do. We could not do training. We were basically locked in a room and treated like prisoners really.

CHAIR: So you were locked in a room—

Mr Earl: Sorry, not locked but were put in a room.

CHAIR: No, but put in a room with no work to do—

Mr Earl: Yes.

CHAIR:—deliberately because you brought up issues in relation to dust.

Mr Earl: Yes. That was over our chest X-rays. That was when we thought our Coal Board Medicals were null and void. I was part of a group who drove over to Emerald and paid out of own pocket—still to this day I did not get the money back off the company. I will always have that over them—that I paid for it myself for my own health. It is lucky that I did because I have also been referred for a CT scan, which I have done. There is obviously something there. At the moment it is currently going to America for review.

CHAIR: The way you were treated may be something similar to prisoners—the group of you being put into solitary confinement.

Mr Earl: Exactly. All of us blokes who sat in that room were quite happy to do alternative duties.

CHAIR: And you told them that?

Mr Earl: I definitely told them that. There were a lot of things that I could have done. I did my apprenticeship at this mine. I have been here for 10 years. I could have worked on the diesel fleet in the workshop. I was not refusing to do my duties. I was just refusing to go underground and expose myself to dust until I got a cleared chest X-ray. There were a lot of things I could have done on the surface. Yet I was told, 'Sit in that room and we will deal with you later.'

CHAIR: For?

Mr Earl: For a whole tour—seven night shifts. It was over the Christmas period. We were kicked into the corner basically.

Mr Warren: It would be exactly a year to the day.

Mr Earl: We were on night shift. When we finished night shift, we all carpooled to Emerald. We had no sleep. We had to drive ourselves over to Emerald. We paid for the chest X-rays. It was about \$200. I was not too worried about the money; I was worried about my health. We paid for that ourselves. We had to drive back, then obviously have a sleep and then go back to work that night back in the room.

CHAIR: Did you ever consider that it was not just a breach of your workers' rights but also a breach of human rights that you were treated that way?

Mr Earl: To a concern degree, yes.

CHAIR: Would you like to continue with your evidence?

Mr Earl: Since then the longwall has changed a lot, but it is still a very dusty environment. I am still working there. I currently finished night shift this morning.

CHAIR: Thank you for being here. Heath?

Mr Perkins: Thank you for taking the time to come here. How is it that a disease that has existed for quite some time has been allowed back into the lives of the ground floor workers from 1822, when it was known as miner's asthma, to 1831, when it was known as black lung, to 1942 when pneumoconiosis was diagnosed by British doctors? It is a crippling and disabling disease which is preventable. I am a 10-year boom miner. I have come in from other industries to enter the mining sector. I slapped on a uniform and a cat lamp. I was sent down and stood on the miner with seven other men of similar experience to my own. We created panels for longwalls on machines with little to no knowledge of this disease called black lung. Now 13 years later we are watering, salting, PetroTacing, dust masking, and there are company directives to stay out of the black cloud, which we stood in time and time again, not to mention the copious amounts of diesel moving equipment behind us and thinking, 'This is coalmining.'

This leads me to my question and only one question: how, with the experience of mines in Australia, which is still under the British monarchy—and it was in Britain where the disease was diagnosed? This is a workplace health and safety issue which should be prominent and at the forefront of agendas across all levels. Education on the prevention of such a thing as pneumoconiosis should have been the first experience that a young miner receives. As an example, when I was in the meatworks the first thing I learnt was that there was a disease called Q fever, which was diagnosed in 1930. There was education and I was given a vaccination before I even touched the floor. There is no vaccination for black lung but there is education.

When I started in the coalmining industry that is what happened. We were forced to go down. The first thing I learnt about dust masks was when we were wearing P1s and the diesel particulates would pass through a P1. That is why they switched to a P2. There was no mention of dust in any form, and that was after five years. Today the disease is back and everybody is working fairly hard to

come up with a solution to try to better the industry. When I entered when the boom was on, it was a case of, ‘Slap on your cat lamp and go down and let’s work. Let’s get the coal out.’ We are here today. Most of the miners do have 15 years experience and are having a hard time with what is going on at the moment.

CHAIR: Thank you, Heath. Tim?

Mr Trewin: I started around 2001 in Central Colliery as a contractor. PPE was not really at the forefront of looking after health and safety then. We worked in singlets and shorts. Dust masks were not readily available. I moved through. I was a contractor for all of that time. When you did get into hot and dusty places, you dealt with it. You were too afraid to speak up because at the time you would just be released from your job. I have had experiences with that as well.

CHAIR: You were a contractor then?

Mr Trewin: Yes.

CHAIR: You were too concerned about your continued employment?

Mr Trewin: Of course, yes.

CHAIR: If you had spoken up, what would have happened?

Mr Trewin: You would be labelled as a troublemaker and moved on.

CHAIR: And moved on?

Mr Trewin: Of course, yes.

CHAIR: You would not be able to continue your job.

Mr Trewin: Yes. I have seen it firsthand. When I was contracting I worked with people who put incident reports in over hazards and all of a sudden they are not working with you anymore.

CHAIR: How many people did you see that happen to firsthand?

Mr Trewin: I would say five or six all up over my career.

CHAIR: Is it the culture within the contracting side of the industry that if you speak up and say something you will not be continuing with your employment?

Mr Trewin: Yes, that is correct. A lot of them are not willing to say anything because of the fear of being moved on.

CHAIR: Within the industry itself, do contractors talk to other contractors so that they will not employ other so-called ‘troublemakers’?

Mr Trewin: It has been said before. I do not know all of the owners, but I am sure they still talk to each other.

CHAIR: Please continue.

Mr Trewin: When this all came out about the X-rays not being read to the correct standard, to the ILO standard, as they should have been, we withdrew our labour. It was both sides of our rotation—the whole workforce. We withdrew our labour initially. We stated our concerns to the company. Those concerns were met with, ‘We have spoken to the top people in the mining industry and they stated, “Yes, we are reading to the correct standard and everything is done right.”’ That forced a lot of people’s hands to go back to work. The company was saying at the time that they had written statements from the mines department and the mines inspectors to say that they were being read correctly. A lot of people took that as, ‘Okay, we will return to work because they obviously are being read correctly.’ I did not believe that, so I stayed out. Under the legislation you can remove yourself to a place of safety, so I did that until I had an X-ray that was read to the standard and they could provide it and say that it had been read to the ILO standard. Funnily enough, there was no-one in Australia who was going to give me that ILO classification. This went on for nine days. Like the boys were saying, we were segregated from the workforce. The company did not want the other workers who had returned to work to talk to us. That is why they put us in that room.

CHAIR: But you live in this community. You can talk to them any day outside of work.

Mr Trewin: That is right, but they did not want us at work I don’t know whether it was to convince or tell the workers the information that we had received. We would pretty much go to work, go to our preshift meeting, tell the under manager every day that we had a right to do different tasks but just not go underground. He would say every time, ‘I have been told to send you up to the room.’ Shift in, shift out we would go to the room. Coalminers were bored. There were a couple of computers up there, so we put a DVD on. We were watching a four-wheel drive movie and having a couple of

games of cards. There was nothing to do. We were not allowed to do training. Management came in and saw what was going on and just lost it, ripping all the cords out of the computers, saying, 'You can't do this and can't do that,' and we were like, 'Well, what can we do?' It was pretty much, 'Nothing—just sit here.'

CHAIR: What did they say to you when they came in and lost it? You had told them that you wanted to do other work. What did they actually say to you when they came in and started ripping the cords out of the DVD player?

Mr Trewin: 'What do you think you are doing?' We were like, 'What are we going to do?' There was nothing to do. We were not even allowed to do training paperwork. To me it was more to put pressure on the workers, to let us know, 'We don't think that what you have done is acceptable.' They stated a couple of times to us, 'We think you have used the legislation the wrong way in removing yourselves to a place of safety.' There was a handful of longwall workers who were with us. They were concerned as well. They wanted their X-rays read. When they came in, they put that much pressure on the boys, saying that there were issues underground with the longwall, that they forced the boys who were willing to stay out to get their X-rays read to go back underground to cut coal.

CHAIR: Tim, when they came into the room and started ripping out the cords—I am quite shocked at that, really shocked—how did you feel when that happened?

Mr Trewin: At the start I was sort of amused at their behaviour. I was like really? I could not believe it. Then I thought that is just the way they are towards the workers. It is us and them; it always has been. We all sort of laughed about it because in the process of him trying to turn it off it kept playing. He was trying to be forceful with us but it did not work in his favour. Then when he realised he could not do what he was going to do he sent someone up from the training department to remove all the cords to the computers. There were about four or five computers up there.

CHAIR: It was so petty that they sent someone up to remove the cords from the equipment?

Mr Trewin: That is correct.

CHAIR: Then you sat there and stared at the walls—or is that what they wanted you to do?

Mr Trewin: Pretty much. They wanted us to feel that standing up for your safety and believing in something is unacceptable.

CHAIR: It is unacceptable in relation to the culture at the mine?

Mr Trewin: That is correct.

CHAIR: Is there anything else you would like to add, Tim?

Mr Trewin: I have had X-rays all the way through my career, probably more X-rays than some people because of Mines Rescue; you have to do extra X-rays for that.

CHAIR: You are a member of Mines Rescue?

Mr Trewin: That is correct, yes.

CHAIR: For the benefit of other members of the committee you are a miner's miner, in other words, being part of Mines Rescue.

Mr Trewin: Yes.

CHAIR: Thank you. Continue.

Mr Trewin: Even through all of that process, nothing came up in my X-rays at all. Then when all this came out and I had my X-rays done properly through the proper reader, it came back that I needed a CT scan. I then had the CT scan and it came back that I had nodules on there and all the rest of it—I do not know all the meanings to it. I got further advice from the CFMEU. They sent my records through to the states. At the time I did not trust any of the readers in Australia because it was slowly coming out that everything they were telling us was false. That process went for a while. I suppose it affected family members.

CHAIR: How did it affect family members? For the benefit of the committee could you tell us?

Mr Trewin: It puts pressure on your relationship at home, too. Most of the workforce is still going to work but I had removed my labour. Everyone is asking questions, 'Are you doing the right thing? Are you doing the wrong thing?' I knew in my mind I was doing the right thing. There was a lot of pressure there, but at the end of the day it had to be done. I got my results back. They are cleared but I sort of feel for some of the guys that were forced to go to work.

Mr Warren: I concur with all of these fellows. Nearly every shift we would sit up there and we would say to our undermanager, 'Look, these outbye roads need to be done,' because the visibility some days would only be 30 or 40 metres it would be that dusty. Every day you would be fobbed off.

It was like, ‘The grader is broken,’ or, ‘We haven’t got enough blokes. How about one of you fellows out of the panels go and do the jobs,’ which therefore leaves the crew short. Then the crew has to pick up the slack for that bloke being out doing another department’s job. Every shift we would ask every morning, ‘Is there any chance of getting the road salted or graded,’ and it would be the same thing: we would get fobbed off. It got to the point where we just had enough. I was with these fellows when we started up on the surface and we were ostracised. Like Tim said, it put pressure on your own family and friends. Most of my friends did not speak to me for ages after that, yet they are willing to stand down a machine at the drop of a hat because something is not right but they are not worried about their health.

CHAIR: Alistair, we are interested in your experience as a contractor as well.

Mr Warren: Yes, I was a contractor over at Crinum East for Mastermyne. I was doing belts over there. Then I went to Crinum North. I was on belts there for a while and then I went temping on a crew there with BMA in development. Then I moved over to Kestrel with Mastermyne again, back in development. Over there conditions were unbelievable. They have permanent road crew that constantly salted the roads and graded the roads. It was a really good pit. They told us here that they reckon they were going to put on a permanent road crew, but I have not really seen too much of it.

CHAIR: Is your experience in relation to being a contractor similar to other evidence that we have that if you—

Mr Warren: If you speak up.

CHAIR:—speak up you are shown the door?

Mr Warren: Yes, it is just like an unwritten rule really. If you are a contractor, you shut your mouth and do what you are told. That is about it.

CHAIR: That is the culture that is right through the industry do you think?

Mr Warren: Yes, pretty much, it is. What are you going to do? If you are going to speak up, there goes your job. What are you going to do then? You have cars and houses to pay off and kids to look after.

CHAIR: Can I ask you about the impact on families, please, if you do not mind? I know it is hard to talk about. Have there been any relationship breakdowns that you are aware of in relation to black lung and what has been going on, or families moving away, people leaving the industry?

Mr Warren: Not me personally, no. Not personally, no.

CHAIR: That is okay.

Mr Warren: Friendships, yes.

CHAIR: Because it is just too hard?

Mr Warren: At the time these guys first sat out on the surface this time last year I was away on holidays. I was coming back—I still had four days to come back to work. I rang up one of my friends back then and said, ‘What’s going on?’, because I was away but had heard roughly along the grapevine what was happening. He pretty much said to me, ‘I think these boys are doing the wrong thing. It is industrial action, blah, blah, blah. Make up your own mind.’ I said, ‘You’ve got your executives sitting on the surface there as well doing the right thing. It’s your health. How could that be industrial?’ I chose to sit out with these boys and in the end paid a price with a friendship over it because he thought I was doing the wrong thing.

CHAIR: What is the attitude in the Tieri community in relation to black lung? Can you give us some advice?

Mr Warren: I could not tell you, but I would say that it is only the tip of the iceberg showing now. I think it is really starting to hit home for a few people. We have got two of our own underground brothers with it.

CHAIR: Can I now pass to Ben McMillan, our counsel assisting?

Mr McMILLAN: Gentlemen, I just want to take up this issue of contractors, and I think, Alistair, you have worked as a contractor. Have the other three of you worked as contractors previously in your time in mining?

Mr Trewin: Yes.

Mr McMILLAN: Matthew, I think you have not, but Heath you have as well?

Mr Perkins: Yes.

Mr McMILLAN: You are all currently permanent staff employees at Oaky?

Mr Warren: Yes.

Mr Perkins: Yes.

Mr Earl: Yes.

Mr McMILLAN: Obviously you feel comfortable at the moment to withdraw your labour if you need to because you have done that in the last 12 months. While you were working as a contractor, would you have done that?

Mr Trewin: No way.

Mr Warren: Probably not, no.

Mr Trewin: Never.

Mr McMILLAN: Heath?

Mr Perkins: No. It was not a cultural move to withdraw our labour as well. We were on our own doing it as an individual. When we did it we went to the undermanager and said, 'I would like to withdraw my labour only because I don't have a properly read X-ray.' As far as I was concerned, your old X-ray was null and void. To walk on site you have to have an X-ray; that is part of the standards that come with the job. You have to be cleared, but they were allowing people with X-rays up to five years old to walk on and to still work and then follow a process to get everybody through the system. That is the way they wanted to work. There was a lot of pressure through the community, a lot of pressure on ourselves. After that week we had a Christmas party and there were only four blokes there because no-one else wanted to come to it in case the altercation came up where an argument would proceed from people who did stay out to the people who did not stay out. A lot of people in the town and the community were families or wives. As you know, a miner's wife is pretty vocal. She is into her husband, 'Why aren't you doing this?', and he is like, 'My mate next to me is going down as well.' It was a hard choice to make for me because I was in fear that if a contractor—I have the safety of a permanent position as well. I have a little bit of safety there—not much, but a little bit.

Mr McMILLAN: Can I ask you about that specifically? When you first decided to withdraw your labour was it before Christmas last year?

Mr Perkins: Yes.

Mr Warren: It would have been exactly this time last year.

Mr McMILLAN: About now? How many of you initially withdrew your labour?

Mr Perkins: I would not be able to put a number on it for you. There was longwall and us as well that did it—

Mr McMILLAN: Roughly is fine. As I understand, Tim, your evidence earlier was that that number diminished—so a group initially withdrew and then some people went back to work.

Mr Trewin: It was the whole side of the rotation. All the workers decided that yes, we need it done. From the information that the company provided to the workforce—

Mr McMILLAN: I am sorry to interrupt you. How many people roughly is a whole rotation?

Mr Trewin: There are three development crews, probably eight guys every crew and then the longwall crew.

Mr Earl: Forty blokes roughly.

Mr Trewin: Something like that, yes.

Mr McMILLAN: Initially 40-odd workers withdrew. Then how long did that full number stay off work?

Mr Trewin: It was probably half the shift or three-quarters of the shift while the company was providing them with information that they received from the mines department about concerns with the ILO readers. They were stating that, no, they are trained to the right standard. The information that the boys were receiving out of written letters from the mines department was enough to convince some of the workers that, 'That is enough for us, we will return to work.'

Mr McMILLAN: Initially when you decided to withdraw your labour the contractors withdrew as well?

Mr Trewin: No.

Mr McMILLAN: When you said the 'entire shift'—

Mr Trewin: The entire shift of permanent workers.

Mr McMILLAN:—of permanent staff? Were there any contractors that withdrew at that time?

Mr Trewin: I cannot recall, no.

Mr McMILLAN: You cannot remember?

Mr Trewin: I do not think so.

Mr McMILLAN: Of the entire shift of 40-odd workers how many additional contract workers would have remained working when the rest of you withdrew your labour at that stage? Roughly is fine.

Mr Trewin: I would have to think. In the morning meetings, 20 to 30 easy.

Mr McMILLAN: As I understand what you have said to me, effectively the entire permanent shift were concerned enough to withdraw their labour?

Mr Trewin: Yes.

Mr McMILLAN: But none or almost none of the contract staff did so at the same time?

Mr Trewin: I talked to some of the contractors. They were really concerned about it. They would have liked to have withdrawn their labour and sat with us, but because of fear for their job, especially around Christmas, they were not willing to take that risk.

Mr McMILLAN: Heath, you indicated earlier that if you had been in a contract job at that stage you would not have withdrawn your labour.

Mr Perkins: No, definitely not.

Mr McMILLAN: Have any of you actually known someone who has been put off after raising a safety issue or complaining about dust?

Mr Perkins: It is like we were saying before: it is just like the culture of it. Being in the contracting game, you are an expendable workforce. You can be moved at the drop of a hat. We have some fellows there who are doing six shifts and then they go to another pit and do another five on top of that. They just tell us this through conversations that we have underground. I do not even know how some of them keep operating, to tell you the truth.

Mr McMILLAN: The committee needs to get to the bottom of the question of how it is that worker after worker after worker who comes before the committee says that, if you are a contractor and you raise an issue, you are put off. As far as I have understood you, none of you know anyone that that has actually happened to.

Mr Earl: From my experience with a lot of the contractors, if they have issues normally one of us will have something to say at pre-shift meetings, so they will generally find the person that speaks up. They will come over to us, force us over into the corner and then they will raise issues with us. There have been contract groups of people who do raise issues, but they mightn't necessarily be laid off straightaway. It could be a week or two later, but the real reason was because of that reason two weeks prior. They are not going to raise an issue and then just lay them off straightaway. They will let it go for a week or two and then say, 'Your services are no longer required,' and they ask why and then the next week there is a new guy there to fill his spot.

Mr McMILLAN: Have you actually worked with contractors who you saw raise issues and then they were not there anymore?

Mr Earl: Numerous of them, especially come longwall move time. We have big issues with diesel particulate during longwall moves. Every longwall move we go through it is a major concern, especially diesel particulate monitoring and dust monitoring. During longwall moves it just never seems to happen, and a lot of the contractors will raise those concerns, especially about diesel particulates.

Mr McMILLAN: You have seen that happen?

Mr Earl: Yes, shitloads. I have done seven or eight longwall moves. They will keep that bloke on and the next longwall move he will not be back. There will be someone else in his position. Obviously he will just get the red X through his name. 'The next time we won't get that bloke. He was too vocal.' I have seen that happen time and time again.

Mr McMILLAN: You are going to shake your head, but the lawyer in me needs to nail that down. When you say 'they would be moved on', have you in fact known someone who you saw raise an issue and then was not there anymore?

Mr Earl: Not straightaway. It will not impact them straightaway. They will not be moved on the very next day. It could be they will not be invited back on the next contract.

Mr McMillan: But you have seen that happen?

Mr Earl: I have seen it happen to plenty of blokes.

Mr McMillan: Tim, I think you are itching to get in.

Mr Trewin: I have seen a happen a lot. Like Matty was saying, it is not straightaway. It is not so you can see it, but like he said, you never see them come back. You never see them come back at all. A lot of these companies have contracts at other mines too. They get a lot of pressure put on them and then all of a sudden they are saying to you, 'I'm gone now.' You say, 'Where are you going?' 'Oh, they're sending me over there.' If you speak up and do something it does not happen straightaway for them, but sooner or later they are no longer there. They have not had a major incident, but they are being moved on and it is pretty clear what has gone on. But the company is not going to stand up and say this is why.

Mr McMillan: Is there a belief amongst contract workers—and three of you at least have done contract work—that it will inhibit your ability to get permanent work if you are identified as someone who makes complaints or raises issues?

Mr Trewin: Yes, definitely.

Mr Earl: For sure.

Mr McMillan: Have the three of you who have done contract work personally had that experience of being concerned about raising an issue because you are trying to secure permanent work?

Mr Trewin: When I was a contractor I would never bring up issues. If I had an issue I would try and deal with it or talk to someone else and see if they could deal with it, or have a bit of a whisper in the ear of permanent. As a contractor I would not take up a serious issue with management of a pit for the fear of getting moved on.

Mr McMillan: Alistair and Heath, did you want to add anything to that?

Mr Warren: No, I pretty much agree.

Mr Perkins: Yes, it is pretty much the same setup. When I was contracting here I was lucky enough as a first-year cleanskin to come straight in. I managed to get a contracting job and I worked hard to assist the full-time permanents, and you just did not say anything. You just kept your head down and you did what you were told to get in favour with the permanents to get a permanent position. That is what you did. It is like, 'He works hard. We will give him a crank.' That is the way it is. There are not that many permanent jobs out there at the moment and it is a bit of a hard lifestyle for a contractor at the moment, so you say less. I am only saying what I hear from the boys themselves. I have not experienced being a contractor for a while now, so I am not really sure of the environment that they are in right now. It is a hard environment at the moment.

Even when we speak up, the company listens to us but nothing ever seems to get done. At every meeting in the morning we bring things up. At the end of the tours we bring up situations with dust and overloading of vehicles in panels and stuff like that, and the company will write it down and put it into the write-in and put a date against it and then 'done by this date'. Then it just gets marched on a little bit, you know. All the boys in the panel and that, we do work hard to try and create a workable environment. Like Alistair said at the start, we go and drop a man out of our crew. We work short and he goes out and salts the road for us just so we have an environment where it is a little bit safer. We work hand-in-hand with our fitters and electricians to try and come up with solutions to make our environment a little bit safer as well. Thank you for listening.

Mr McMillan: I just have one final question for Tim. When you had that experience when you were in the room and management came in and pulled out the cords of the computers and so on, what level of management personnel—

Mr Trewin: The highest.

Mr McMillan: Was it the general manager who did that?

Mr Trewin: That was the SSE.

Mr McMillan: The SSE. Thank you very much, Chair.

CHAIR: Just to be clear, it was the SSE who came in?

Mr Trewin: That is correct.

CHAIR: What is that person's name?

Mr Trewin: Damien Wynn.

CHAIR: Is there anything else you wanted to say?

Mr Perkins: Good luck with everything. Hopefully we have a speedy result with all of this stuff and hopefully future miners will be taken care of so that these situations do not happen again. That is all I would like to say, thank you.

CHAIR: Can I just say to each of you, who I personally regard as the Nelson Mandelas of the mining industry in Queensland, that if any possible reprisal is made towards you, you will contact me immediately and this committee will take it upon themselves to deal with it at a parliamentary level.

Mr Trewin: One of the blokes, he was trying to come here today but obviously he was not released from work. I think he will be talking at the next one. He and another bloke were actually threatened. When they were in the room it was stated, 'One way or another, there will be repercussions for your actions.'

CHAIR: Any such repercussions will be dealt with at the highest level of Queensland, which is the Queensland parliament, and I would be very grateful if you can advise them of that on behalf of our committee. This session of the committee is now closed.

Committee adjourned at 11.54 am