

~~office for the duration of Ms Carmody's term, which commences on 22 August 2016. This appointment has the bipartisan support of the Parliamentary Crime and Corruption Committee. I table the relevant correspondence from the committee.~~

~~Tabled paper: Notice of appointment of Mr Mitchell Kunde as Acting Parliamentary Crime and Corruption Commissioner [1323].~~

~~Tabled paper: Letter, dated 15 August 2016, from the Chair of the Parliamentary Crime and Corruption Committee, Mr Lawrence Springborg MP, to the Speaker, Hon. Peter Wellington, regarding the appointment of an Acting Parliamentary Crime and Corruption Commissioner [1324].~~

~~Photographs in Chamber~~



~~Mr SPEAKER: I advise that a photographer from the *Courier Mail* will be around the chamber over the next little while taking some photographs.~~

MOTION

Black Lung Disease



Mr NICHOLLS (Clayfield—LNP) (Leader of the Opposition) (6.02 pm): I move—

That this House calls on the government to establish a commission of inquiry within 30 days of today's date into the re-emergence of 'black lung disease' in coalmining workers.

Queensland has a long and proud history as a mining state—rich in natural resources that have driven our economic growth and been a key contributor to improving standards of living and prosperity across the state, especially in regional Queensland. We understand and recognise the importance of this industry and the hundreds of thousands of jobs it has provided across the state and through the decades. We also recognise the importance of ensuring that the health and wellbeing of those who work in the industry and have worked in the industry in the past are at the forefront of government policy settings.

Over many months now we have seen and read media reports about the re-emergence of pneumoconiosis, or coalminers' black lung disease, in Queensland. Pneumoconiosis, or 'black lung', is a potentially fatal disease caused by long exposure to coal dust. It commonly stems from working in the coal industry or in manufacturing of graphite or manmade carbon products. It has no known cure. The risk of contracting the disease often depends on the length of time a person has been exposed to coal dust. Symptoms can often occur up to 15 years after the exposure period.

Since 1993, by law all Queensland coalminers undergo pre-employment chest X-rays, with another at least every five years. These X-rays must be sent to the mines department for review. Last year the department admitted that 150,000 X-rays were still awaiting database entry. Earlier this week it was reported that WorkCover Queensland data, obtained through right to information laws, revealed that four claims for the disease had been lodged between 2007 and 2012. That also coincided with a report that I think many of us saw on 7.30 on the ABC on Monday night.

A Queensland Health audit of public health records carried out earlier this year also found four probable and seven possible causes of black lung between 1995 and 2015. This is despite the fact that it was thought the disease had been eradicated in Queensland for decades—until a case was confirmed in May 2015. In July it was reported that another 18 suspected cases had been detected after X-rays were reviewed by health experts in the US.

We recognise that the minister has shown genuine concern for this issue and made several public statements and taken steps to address concerns that have been raised. We know that when unions are protesting against the actions of this government there are seriously underlying concerns that need to be addressed, and we have seen several protests outside parliament in relation to this important issue. There seems to be a blame game happening now between the industry and government departments as to what happened, why it happened and whose fault it was.

The number of media reports and the varied nature of the issues that have been raised have galvanised our belief that the best way to get to the bottom of what happened and ensure it does not happen again is through a commission of inquiry—a commission of inquiry under the Commissions of Inquiry Act, sometimes called a royal commission, but, not for some time now, a commission of inquiry properly constituted with a judicial officer with all the powers necessary to call witnesses and examine evidence. A commission of inquiry with hearings and evidence all being presented in a public forum, with media scrutiny and attention, seems to be the best way to address this serious issue and reassure the workers, their families and the industry that all relevant matters have been considered as part of the review as to the re-emergence of black lung in Queensland.

In 2004 a judicial inquiry was established by the New South Wales government to ensure that the victims of the James Hardie asbestosis and mesothelioma claims were suitably looked after, and that brought issues around asbestos related diseases to the fore. In 1911 there was a royal commission into working conditions in goldmines in Australia. It revealed widespread lung disease. As a result of the royal commission, ventilation laws were introduced.

While commissions of inquiry often determine what went wrong and why, the uncertainty that has been created over the past 12 months, with media speculation about half-truths and rumours, severely undermines the ability of current miners and former coalminers to have confidence that their health is at the forefront of consideration of government and industry.

How can the government take billions of dollars in royalties with one hand and not expend a couple of million dollars to get to the bottom of what has happened and ensure it never happens again? That is why the House should support this motion and the government should establish a commission of inquiry within 30 days. We owe it to the workers—both the ones who are currently working in the mining industry and the ones who have had a long mining career—to get to the bottom of the issues that have been identified and reported. I urge all members to support the motion before the House and the government to act.



Mr PEARCE (Mirani—ALP) (6.07 pm): I move the following amendment—

That all words after 'House' be deleted and the following words inserted:

'establishes a Parliamentary Select Committee within 30 days of today's date into the re-emergence of "black lung disease" in coal mining workers.'


There is no greater advocate for coalmining health and safety in this place than me. I was an underground coalminer. I have worked with men who talked about family members and colleagues who had been dusted, as we express it in the workplace. Those people are my friends, my former colleagues, my constituents—just like the member for Bundamba, who works with me to keep mining industry issues at the forefront.

I say to everyone, from the heart and the head: this issue is getting the urgent, focused attention it needs from the best qualified minister it could have. Fate has at least been kind to us on this point. We have a minister who is a doctor, trained many years ago in this insidious disease as a medical student at Newcastle University, near the Hunter Valley coalmining region. He knew that this disease was thought to have been eradicated; he knew that it should not be reappearing and he took action.

We all know that prevention is the first line of defence, and that means better monitoring and cracking down on dust levels in mines. Under proposed regulatory changes, there will be stricter dust level management and coal companies will report dust levels to DNRM quarterly or at more regular frequencies as stipulated by the chief inspector. The three underground mines currently under directives are already required to provide dust monitoring data to the Mines Inspectorate at intervals stipulated by the inspectorate. As the minister has said, the Chief Inspector of Coal Mines has the authority to suspend operations at mines where he believes the risk is not at an acceptable level. Most importantly, the chief inspector will use that authority if required.

After prevention comes early detection, and it is critical that the disease be picked up in these early stages so that the miner is not working in a dusty environment. A miner with the first stages of coal workers' pneumoconiosis may have no symptoms at all, so if it is picked up early and the worker is removed from the dusty environment the disease can be managed. That is why better and more effective screening is critical in protecting the current workforce. We have in place dual screening where X-rays are checked by an Australian radiologist to ILO standard and then by a US X-ray reader approved by the National Institute for Occupational Safety and Health. This provides a rigorous process for reporting on the presence of disease and, if it is present, describing its stage, which is very important. It is so important that we have that link to the person in the United States who is an outstanding expert in this field and I congratulate the minister for that move.

I have taken the minister's advice and have talked to my doctor about my black lung risk. So far I believe I am okay. All underground coalmines are offering their workers new checks on current X-rays or fresh X-rays if the X-ray was taken more than two years ago. I urge all of those workers who have worked in the industry for a long time who may not even be a member of the CFMEU to not take the risk. Go and talk to your doctor and have the X-rays. If there are no problems, it will be sorted out and you can live without worrying about what might happen to you in the future. As I said, I urge every miner who has not already done so to take up that offer. I urge any former miner who has any concerns to see their GP as I have. You and your families will have a workers compensation safety net to look after you if you need it. That is one of the best things that is going to be delivered by this government.

 **Mr CRIPPS** (Hinchinbrook—LNP) (6.12 pm): The re-emergence of coalminers' pneumoconiosis in Queensland has been sudden, it has been concerning and initially it has been difficult to explain. The resources industry is the only industry in Queensland that has a workplace health and safety framework that is separate and distinct from mainstream workplace health and safety legislation. The very nature of work in the resources sector is risky and always has been. Mining has always been a notoriously unsafe workplace, but for over a century here in Queensland there has been a concerted effort to pursue continual improvement in workplace conditions for employees in the resources industry. This has particularly been true for the mining industry in Queensland, which is recognised world-wide for having one of the best resources sector workplace health and safety frameworks anywhere. I acknowledge that unfortunately that has occurred usually only after the industry and the government have learnt some very hard and all-too-often tragic lessons following a number of serious mine site disasters throughout the history of the Queensland resources sector.

The Queensland resources mine safety and health legislation framework is extensive and it is comprehensive. It is only actually when you have been a mines minister in Queensland that you understand the gravity of being ultimately responsible for the safety of thousands of workers in the mining industry and the experience of getting that late-night or early morning phone call when the very bad news comes that a worker has been hurt or worse. When I first became the mines minister in April 2012, Queensland was taking on board the lessons from the Pike River mine disaster in New Zealand. The focus during the period that I was mines minister was on innovations to improve the effectiveness of stone-dusting mechanisms in underground mining operations to try and maximise the chances of employees surviving in the event of an explosion. I recall stone-dusting trials and experiments at SIMTARS, research papers being presented at mine safety conferences and ultimately the delivery of the recommendations from the Pike River royal commission. That royal commission drove change to the mine health and safety legislation framework in New Zealand and has influenced many resource jurisdictions to consider their resource safety frameworks across the globe.


When coalminers' pneumoconiosis first re-emerged in Queensland in 2015, along with many others interested in these matters, I was surprised and concerned. In fact, I questioned the current mines minister in Queensland about whether or not anyone had seen this coming or whether anyone had expressed concern about the existing industry scheme, and the answer to that question was no. Those industrial employees in Queensland charged with the monitoring of the safety of coalmine workers—industry safety and health representatives—had not raised concerns with the department or the Mines Inspectorate about potential exposure to coal dust until 2015, and I table the question that I asked the minister which establishes that fact.

Tabled paper: Answer to Question on Notice No. 176 asked on 23 February 2016 [[1325](#)].

The answer was also no when I asked whether or not representatives of the CFMEU had expressed concerns about the adequacy of the Queensland coal workers' health scheme or requested a review of the scheme since it was established, and I table that question to demonstrate that that was the answer from the minister.

Tabled paper: Answer to Question on Notice No. 240 asked on 24 February 2016 [[1326](#)].

I questioned the minister about the re-emergence of coalminers' pneumoconiosis during the budget estimates committee proceedings this year and he outlined the response that he has been pursuing to tackle this matter since the cases first started being diagnosed last year. The motion tonight is not necessarily critical of the minister's actions to this point in time, but the fact is that Queensland really only knew about the re-emergence of coalminers' pneumoconiosis and the potential for it to re-emerge last year with the coalmine safety and health commissioner's annual report, the point being that historically royal commissions have been the catalysts for change to improve workplace health and safety legislation in Queensland and other jurisdictions.

 **Hon. G GRACE** (Brisbane Central—ALP) (Minister for Employment and Industrial Relations, Minister for Racing and Minister for Multicultural Affairs) (6.17 pm): I rise to support the amendment moved by the member for Mirani and note his untiring support for coal workers in his electorate. The Palaszczuk government is taking decisive and concerted action to tackle the re-emergence of this terrible disease, coal workers' pneumoconiosis. Through the leadership of my colleague Minister Lynham this involves first a range of measures to prevent new cases of CWP and second identifying and detecting existing cases earlier. Thirdly, this government will be providing a comprehensive safety net for those workers with the disease through our state workers compensation system. My focus as industrial relations minister is on ensuring that any worker with CWP gets their full entitlements without delay. We will be there for those workers when they need it most. They deserve the best care and

support, and that is what they will get. Any and all workers who are diagnosed with CWP can claim no-fault statutory compensation and common law damages. Their rights to make a claim do not expire if the worker has finished work or retired and there are no age based limits to applying for compensation.

At this point I can confirm to the House that there have been 16 workers compensation claims for CWP, with seven accepted, one withdrawn and eight claims being processed. I am putting in further measures to ensure that there is a streamlined process for fast-tracking entitlements, including lump sum payments. WorkCover will now treat CWP claims in line with the streamlined process for other latent onset diseases, such as mesothelioma, which was developed during the mid-2000s. It will include a dedicated specialist team of experienced claims officers within WorkCover to expedite coal workers' pneumoconiosis claims.


As with asbestos related disease cases, this will mean that Queensland workers diagnosed with CWP will have their claims accepted, entitlements paid promptly and workers can be offered lump sum compensation payments quickly, often within weeks. This process will avoid unnecessary delays through the courts and remove some of the stress on people at a very difficult time. This will help workers diagnosed with CWP to focus on dealing with the impact of the disease instead of worrying about how they will provide for their family or pay their medical bills.

Workers with a latent onset dust disease injury that is a terminal condition are eligible for lump sum compensation of up to \$661,355. In addition, the workers' dependants are eligible for lump sum compensation of up to \$88,485 and a further \$11,800 for funeral expenses. If the worker did not receive any lump sum compensation, dependants are eligible for maximum death entitlements of up to \$589,875 plus weekly compensation in respect of dependent children. Workers with non-terminal dust diseases are entitled to compensation for lost time earnings and all reasonable medical expenses, including hospitalisation, surgery, rehabilitation, medication, medical aids such as mobility scooters and possible lump sum compensation payments for permanent impairment. In addition, the worker may be eligible for a caring allowance if required for day-to-day living.

The Queensland Resources Council CEO, Michael Roche, is right in saying that we need to be action oriented in response to this issue. Our focus must be on doing all that we can to prevent future cases occurring, to detect existing cases earlier through better screening and to ensure that there is a safety net that provides workers with their full entitlements as soon as possible.

This is a terrible disease. Again, I want to assure anyone with the disease and their families that they will get their compensation, medical assistance and the support they need quickly and promptly. If an inquiry by a parliamentary select committee can assist us in those endeavours, then I am more than happy to support it.

I am proud to have put these measures in place. We have now added pneumoconiosis to the latent onset diseases process of WorkCover Queensland. That will provide real benefits for those workers diagnosed quickly, promptly, without court appearances and, as I said, lump sums will be paid often within weeks.

 **Mr BLEIJIE** (Kawana—LNP) (6.22 pm): I support the motion moved by the Leader of the Opposition to set up a commission of inquiry with respect to the re-emergence of black lung disease in the state of Queensland. I want to express some concern with respect to the amendment that has been moved by the government because, as I will explain in the next five minutes, there is quite a substantial difference between a parliamentary inquiry and the powers of a full commission of inquiry.

This issue of black lung disease should be above politics. This is the re-emergence of black lung disease in Queensland. I was industrial relations minister, sitting where the employment minister is, with the responsibility for workers compensation and, in my time in that role, my recollection is not one incident like this came across my desk and had to be dealt with. My concern is that, with the re-emergence of black lung disease, we will tend to have policy on the run in dealing with this issue. As more and more cases arise, WorkCover will change its policies, government will change its policies, but the best form of disinfectant is to let the sunshine in on this particular issue.

I see the merits of a parliamentary inquiry but, having established three commissions of inquiry myself when I was the Attorney-General, which included the Health payroll inquiry and the racing industry inquiry—and we have had the Barrett centre royal commission of inquiry recently under this government—I can say that there is quite a difference between a commission of inquiry and a parliamentary inquiry. With a commission of inquiry, you have the gravitas of a former Supreme Court or a retired District Court judge—or, in fact, a sitting judge, as Justice Cate Holmes was at the time when she presided over the flood commission of inquiry. Commissions of inquiry have the full powers

of a royal commission. In fact, in Queensland, the only difference between a royal commission of inquiry and a commission of inquiry is, at the federal level, the name of the legislation. At the federal level, it is the Royal Commissions Act. In Queensland, it is the Commissions of Inquiry Act. The powers are the same. In fact, the Governor issues and signs the letters patent on behalf of the government. A commission of inquiry is protected under the Westminster tradition of a royal commission because the letters patent are issued by the Governor.

As I said, we are seeing the re-emergence of this issue. I understand all honourable members' sincere, genuine concern with respect to this issue, but I think that we ought not in the next five, 10 or 20 years time have policy on the run when dealing with more and more cases of black lung disease. Let us have a full royal commission, with the full powers of a royal commission, instituted by a former retired District Court or Supreme Court judge to work out a road map. Just like Carmody worked out a road map for child protection in the state of Queensland, let us get a road map on how to deal with the re-emergence of black lung disease in Queensland rather than in two years time seeing a lot of former coalminers having to get compensation.


A few nights ago, I was moved to hear Steve Mellor's story when watching the *7.30 Report*. Steve was caring for his sick father and then he was diagnosed with black lung disease himself. I think it is pertinent that all honourable members read the story about Keith Stoddart, which appears today in the *Brisbane Times*. That article states—

Given the choice, former coalminer Keith Stoddart would have swapped his black lung diagnosis for cancer because at least then 'they may have been able to cut it out'.

We have people, as reported in the *Brisbane Times*, wishing that they had cancer rather than black lung disease so at least they can cut it out. As we have seen on the *7.30 Report*, I think there are issues with the industry, with the medical profession and with the union. A royal commission is not a blame game. It is not set up to find out who is at fault; it is to acknowledge the fact that black lung disease is in our miners across Queensland now, it is going to become more of an issue and we should jump on this opportunity to deal with it now. Let us find out how the re-emergence of black lung disease in the state of Queensland came about. I think the best way to do that is through a royal commission with the gravitas of a retired Supreme Court or District Court judge.

It is inevitable that parliamentary inquiries are political. When you have politicians involved in parliamentary inquiries, they are political. Let us get above that. Let us endorse a royal commission and have the gravitas of a former judge independently looking at this matter. Let us set a road map for the future in a bipartisan way so that we can help those affected by black lung disease.

(Time expired)

 **Mrs JR MILLER** (Bundamba—ALP) (6.28 pm): My father, my grandfathers and my great-grandfathers were all Ipswich underground coalminers. My great-grandfather Kitching died in the extended colliery at Raceview in a coalmining accident. My grandfather, Hugh Kitching, worked at the same colliery as his father. The other miners brought my grandfather out on top and out of the way as an act of kindness so that he would not see his own father, who was dead on a stretcher, brought to the surface.

My grandfather, James Daniel Pringle, died in 1968. When the doctors performed an autopsy, they found that he had black lung. I ask members to imagine it. His lungs were totally black. My grandfather—yes, my grandfather—died of black lung and that is why this matter is most important to me. It is so close to my heart because it is family. It is about coalminers who are family. It is about our great coal families right throughout Queensland—in Ipswich, the Bowen Basin, Mackay, Rockhampton and Emerald—and it is about workplace health and safety, which is something that I have grown up with since the day I was born because my family history is about death and dying in coalmines. My father, my grandfathers and my great grandfathers went to work, but they did not go to work to die. My grandfather did not go to work to die of black lung.

As I said, they both died because they were coalminers. That is the real price of mining coal. I thought black lung was gone. I really did. I thought it was over. I thought black lung, or pneumoconiosis, was eradicated in Queensland and Australia and so did the coalminers and their families, so did the CFMEU and so did successive governments. Now we know that the disease is back. Who is responsible? What failures have occurred and why? There obviously has been maladministration in the Department of Mines.

Let us talk about black lung. It is a terrible, terrible disease. The miners tell me that it is like having a ton of bricks on their chest every day. They cannot breathe properly. They are walking around with oxygen bottles. It is a terrible, terrible way to die. Patients have symptoms of shortness of breath and

chronic cough. They have more exposure to coal than anyone knows. They are down the mines, they breath it in and they cannot get the coal out so the coal stays in their lungs and it forms fibrosis. It is just dreadful.

There has been a cover-up way back to the Bjelke-Petersen government. There has been a systemic failure, there is no doubt about that, and we need to get to the bottom of it. Earlier this week the black lung victims group wrote to the Premier of Queensland. I table that for the parliament.

Tabled paper: Letter, dated 11 August 2016, from members of the Black Lung Victims Group to the Premier and Minister for the Arts, Hon. Anastacia Palaszczuk, regarding black lung disease [1327].

I want a royal commission, and I still do, but I also understand that we can get a parliamentary committee up and running quickly. Because of that and my involvement in the industry I really want to get to the bottom of this. So, colleagues, I offer my services as the chair of this committee because I have worked in the mining industry, I am trusted by the industry, I am trusted by coalminers and I am trusted by their families. If this inquiry does not work I will come back in here and I will move for a royal commission myself.

Division: Question put—That the amendment be agreed to.

AYES, 42:

ALP, 40—Bailey, Boyd, Brown, Butcher, Byrne, Crawford, D'Ath, de Brenni, Dick, Donaldson, Enoch, Farmer, Fentiman, Furner, Gilbert, Grace, Harper, Hinchliffe, Jones, Kelly, King, Lauga, Linard, Lynham, Madden, Miles, Miller, O'Rourke, Pearce, Pease, Pegg, Pitt, Power, Russo, Ryan, Saunders, Stewart, Trad, Whiting, Williams.

KAP, 2—Katter, Knuth.

NOES, 41:

LNP, 40—Barton, Bates, Bennett, Bleijie, Boothman, Costigan, Cramp, Crandon, Cripps, Davis, Dickson, Elmes, Emerson, Frecklington, Hart, Janetzki, Krause, Langbroek, Last, Leahy, Mander, McArdle, McEachan, Millar, Minnikin, Molhoek, Perrett, Powell, Rickuss, Robinson, Rowan, Seeney, Simpson, Smith, Sorensen, Springborg, Stuckey, Walker, Watts, Weir.

INDEPENDENT, 1—Pyne.

Pairs: Palaszczuk, Nicholls; Howard, Stevens.

Resolved in the affirmative.

Question put—That the motion, as amended, be agreed to.

Motion agreed to.

Motion, as agreed—

That this House establishes a Parliamentary Select Committee within 30 days of today's date into the re-emergence of 'black lung disease' in coal mining workers.

Proceedings suspended from 6.39 pm to 7.40 pm.

Mr DEPUTY SPEAKER (Mr Elmes): Order! Before calling the next speaker, I inform members that Mr Speaker has advised that a photographer from the *Courier-Mail* will be around the chamber over the next little while, taking some photographs.

~~VEGETATION MANAGEMENT (REINSTATEMENT) AND OTHER LEGISLATION AMENDMENT BILL~~

~~Second Reading~~

~~Resumed from p. 3035, on the motion of Ms Trad~~

~~That the bill be now read a second time.~~

~~**Mr MILLAR** (Gregory—LNP) (7.40 pm), continuing: Mr Deputy Speaker, as you are a boy from Emerald, I am glad that you are in the chair to listen to my contribution because you will understand what I am saying. This legislation is so rotten that on legislative principles alone it should be dumped. That is what I said before the dinner break. This bill should be ruled out of order straightaway. It applies a jackboot footprint across all areas. You do not manage mulga the same way that you manage brigalow or Mitchell grass plains, and you do not manage them as you would savannah, woodland or rainforest. Therefore, this legislation will not achieve what the member for Mount Coot the keeps promising it will. What it will do is chop the Queensland economy off at its knees at a time when we are already in a downturn, particularly in regional Queensland.~~