



The Secretary
Standing Committee on Regional Australia
House of Representatives,
PO Box 6021, Parliament House,
Canberra ACT 2600.

RE: Inquiry into the use of 'fly-in, fly-out' (FIFO) workforce practices in regional Australia

Dear Mr Windsor and Standing Committee members

TOR addressed: the effect of a non-resident FIFO/DIDO workforce on established communities, including community wellbeing, services and infrastructure

I am a long term resident of Broome/the Kimberley and have spent 10+ years working for the Commonwealth Dept of Health and Ageing covering the Kimberley region as Regional Coordinator. Since 2008 I have been employed by various health providers in the region as a consultant project officer in the project development and project planning areas which gives me familiarity with health issues and concerns of the region.

As the Committee may be aware the WA government's proposal to build a LNG processing plant just north of Broome is based on having a FIFO construction workforce of 6,000+ workers housed in a self sufficient workers camp about 50km north of Broome. This will be preceded by a camp for 600 FIFO workers just outside Broome, who will build the larger camp.

The verbal presentation I made to the Standing Committee focussed on the health impacts of having a large FIFO workforce stationed near a small town. However, I would also like to draw the Standing Committee's attention to concerns raised by Kimberley Land Council in their 2010 Aboriginal Social Impact Assessment report on the LNG project¹ which noted that Aboriginal people had a fear of escalating drug and alcohol abuse, and of increased inappropriate sexual activity between incoming workers and local Indigenous women. More generally, Traditional Owners and other residents are also concerned that they would find themselves increasingly marginalised, especially in Broome and the Dampier Peninsula (Appendix E-3, pg 139). Considerable concern was also expressed on the Dampier Peninsula about loss of access to/changes in the availability of food sourced from the sea (Appendix E-3 pg 143). Further, respondents to the KLC consultation also expressed concern about the potential impacts on the Broome population- social dysfunction and anti-social behaviour; increases in alcohol and drug abuse, crime, and racist attitudes; and impacts on Traditional Owners and other Indigenous people living in Broome as a result of the current shortage of housing and overstretched services (Appendix E-3 pg 145).

Concerns I would like to raise related to health matters include the following:

The risk of increased rates of HIV infection in the region:

Several years ago Dr Fred Hollows was vilified when he raised this as a potential issue. However he was not necessarily wrong. Despite having high rates of Sexually Transmitted Infections compared to the rest of WA, there is currently a low incidence of community-acquired HIV in the

¹ Available from http://www.dsd.wa.gov.au/documents/Appendix_E-3.pdf

region². This is attributed to the relative isolation of the region, the limited interaction between communities and the low incidence of HIV in visiting tourists. However, developments being planned for the region have the potential to change this, particularly if the huge numbers of FIFO workers that are required begin to mingle with the local population.

The experience from the HIV referral centres in Perth suggests that the potential for increased HIV rates and possible transmission is high if resource developments use overseas labour on 457 work visas. There is no requirement for these workers to be HIV tested before they enter Australia and they have no access to Medicare. If they are found to be HIV-positive, they have to fund their own treatment. The WA Premier has already canvassed the shortage of skilled labour required for the project proposed for Broome and the need to use migrant labour. The construction workers with the experience in LNG gas construction are likely to come from countries such as the Philippines, Thailand and Indonesia - all countries with high rates of HIV.

The capacity of emergency services to cope:

Although the concept plans for the LNG precinct suggest that the workers camp will include a GP surgery, how medical emergencies and other health matters will be treated during the construction phase is unknown. Even if the precinct has on-site medical/GP facilities, they are unlikely to be completely self sustaining. Issues that may arise include:

- Responsibility for emergency evacuations of workers: The RFDS evacuation services which transport patients to Perth or Darwin are already over-stretched and operating beyond capacity in the region. Waiting times are a constant source of complaint. Further competition for access to emergency flights between poor Aboriginal people living in inaccessible communities and mining workers is unacceptable. A similar problem of capacity exists with St Johns Ambulance services.
- Stabilisation prior to evacuation: If an injured or sick worker requires surgery/treatment to stabilise them prior to evacuation, where will this occur? No doubt at Broome Hospital, placing ever greater pressure on an already stretched service where people deemed to be non-emergencies already have to wait several hours for treatment.
- Major accidents – in the event of a significant accident eg an explosion or major crash eg of the workers transport vehicle on the access road to the plant, the need to respond will draw medical staff from all facilities in the region, thereby at the least inconveniencing and possibly endangering local patients.

In summary, responding to the emergency medical needs of FIFO workers should not happen at the expense of the local population.

Diversion of GP services:

Access to GP services in the town is already difficult, and made worse during the tourist season. Waiting times for appointments may be several days. Only the Aboriginal Medical Service (BRAMS) provides the equivalent of bulk billing. All other GP practices charge fees. If Broome-based workers need medical assessments prior to engagement, who will conduct these?

It is morally wrong that any new doctors attracted to the town should chose to provide services to the resource industry rather than to needy local residents, but the temptation to earn more income from workplace assessments will surely divert some practitioners away from what should be their core business.

The impact on local Alcohol and Drug Services through increased illicit drug availability:

The Kimberley region experiences disproportionate levels of alcohol related harm compared to the rest of the state. Data supplied by the WA Drug and Alcohol Office (DAO) reveals that:

² Kimberley Aboriginal Primary Health Care plan 2012-15. Kimberley Aboriginal Health Planning Forum.

for the period from 2005-2009, the rate of all alcohol-related hospitalisations in the Kimberley Health Region was significantly higher (4.29 times) than the corresponding State rate. The highest rate of alcohol-related hospitalisations in the Kimberley compared to the State rate was for 'assaults' (11.12 times higher).³ Alcohol and Drug (AOD) services in the region report:

- Alcohol and marijuana are the most commonly abused substances.
- There is an increase in poly-drug use (use of two or more substances).
- The availability of other illicit drugs is increasing. Of particular note are stimulant drugs such as amphetamines and methamphetamines.

The Broome community is concerned that the presence of a large FIFO workforce will increase the availability of drugs in Broome. This is not mere speculation. Over the past 10 years Kimberley AOD services have repeatedly reported how the availability of drugs has increased when construction projects occur in Kimberley towns. Particular concern has also been raised about the likelihood of more ice being brought into Broome (a drug that leaves the body within a few days, unlike marijuana or heroin, therefore is a drug of choice for construction/mine workers who are tested frequently). AOD services in the region are already advocating their need for additional resources to address the need for more awareness raising, prevention and early intervention services. They do not have the capacity to cope with additional demands created by more drug users.

FIFO workers divert responsibility for the long term health consequences of resource development:

The Broome community is concerned about the air pollution that will result from an LNG precinct close to town. The WA Government's Strategic Assessment Report advises that, once operational, the LNG plant will produce up to 66,000 tonnes per annum of a wide range of noxious and toxic gas emissions, e.g. volatile organic compounds (VOCs), methane, benzene, toluene, ethylbenzene, and xylenes. These chemicals are known to be associated with adverse effects on human health. Benzene, for example, is a recognised human carcinogen which attacks the genetic material and, as such, no absolutely safe level can be specified in ambient air. Studies in workers exposed to high levels have shown an excessive risk of leukaemia.

The Broome Community has demanded that base-line health data be collected on residents to ensure that if people develop leukaemia or other respiratory disease at some later date there is evidence to show the connection between the rise in disease and the pollutants produced by the LNG processing plant. The government has not responded to this. Without base-line data on the resident population, or long term tracking of the FIFO workforce, no connection can be drawn. The fact that FIFO workers do not in general stay in a particular location long enough to show evidence of disease, can be used to by a company to argue that their operations do not cause such outcomes.

There is also the potential for a large FIFO workforce to have a number of social impacts on the community of Broome, including:

The change in population demographics from a family to a single male dominated society.

Local residents have already expressed concern about the increasing number of young single males who have been attracted to live in Broome for short periods to work in the construction industry. This change in the town's demographics has been accompanied by a change to a party lifestyle and a break down in the social fabric of this once-close-knit community. Women in the town are now worried that a further influx of affluent single men will further reduce their personal safety and increase the number of inappropriate behaviour charges and sexually-motivated assaults. People who have lived in the Pilbara are quick to warn Broome women of the perils of life in a mining town where the presence of brothels and sex shops and/or access to large

³ Kimberley Aboriginal Primary Health Care plan 2012-15. Kimberley Aboriginal Health Planning Forum.

amounts of alcohol can not assuage men's needs. That these concerns are legitimate is supported by a groundbreaking 2010 study which found that rates of violent assaults in mining communities which rely on fly-in, fly-out workers in Queensland and Western Australia are more than double the average⁴. This scenario is not an inviting prospect – and the WA Government should hesitate before inflicting it upon women in Broome.

The impact on small business particularly the retail sector:

The experience from Karratha showed that small businesses suffer when a large company comes to town – they can't compete with large company wages, are not competitive in tenders let by a large company and don't experience any increase in demand for their products. The retail sector is particularly unlikely to benefit as the 6,000 FIFO construction workers will be housed in a closed camp where everything is supplied. They will face the negative consequences of huge industrial growth in their town (upward cost pressures) without any of the benefits.

The impact on the tourist industry and local recreational opportunities:

FIFO workers have no knowledge of the local environment or the cultural sensitivities in a region. They are there to work hard and earn money – but anecdotal evidence is that, when the opportunity arises, they also play hard. The potential for conflict over access to and use of beaches, waterholes and other recreational areas used by tourists and residents is huge.

The WA Government's Strategic Assessment Report (pg ES100) states that half of the industry stakeholders, visitors groups and tourist surveyed considered that the proposed development would have a negative impact on the Kimberley's reputation and image as a tourist destination. Consultation with Aboriginal people in KLC's Social Impact Assessment revealed that "a number of outstation residents expressed concern about the impact of LNG development on their small-scale, locally-focused economic pursuits, such as eco-tourism, and on their associated lifestyles." (Appendix E-3) A 2010 tourism study conducted by the Curtin University Sustainable Tourism Centre⁵ found that:

- Plans for an LNG industrial site near Broome pose a serious threat to the Kimberley's unique and globally-recognised tourism 'brand';
- The Kimberley tourism 'brand' is based on the unique natural and cultural values of the region, including its wildlife and vast, unspoiled coast and landscapes;
- Tourism is more valuable to the regional economy than resource projects which return less to the local economy, employ fewer local people and have relatively short life-spans;

In summary, for all the reasons stated above it is my view that use of a FIFO workforce has the potential to do great harm to an already established community. In the case of the town of Broome, I believe that the potential risks are so great, that they are sufficient for the proposed development not to proceed.

Yours sincerely

Jan Lewis

25/5/12

⁴ Source: <http://www.wabusinessnews.com.au/en-story/1/85532/Fly-in-fly-out-fuelling-violence-study>

⁵ Ref: "Kimberley Whale Coast Tourism: A review of opportunities and threats", Dr Michael Hughes, Curtin University Sustainable Tourism Centre, August 2010; Commissioned by the Wilderness Society. www.wilderness.org.au/pdf/Kimberley_WhaleCoast_Report.pdf