

V.O.T.V.

Snapshot Survey

2nd March

Kernot Hall Morwell

V2.a 11/5/2014

Ron Ipsen

Introduction

Introduction

On February the ninth 2014 a bushfire sparked a fire in the Morwell Open Cut. It burned for 45 days before being declared safe. During this time a plume of toxic smoke covered the cities within the Latrobe Valley with Morwell less than 500 meters from the fire particularly affected. The fire is still officially burning.

During this time The Cities within the Latrobe Valley were subject to unprecedented levels of smoke and toxic ash, the volume and duration of which was dependent on the direction of the changeable winds.

People began to get sick, reporting via friend and relative networks, via social media and via normal social conversations to each other and comparing symptoms and severity.

People turned to the Mainstream media to see what was going on and what was happening to them but The Department of Health Spokesperson there was issuing statements like “There have only been 3 people present to the local hospital with any symptoms so there cannot be any problem.”

After 3 weeks the residents of the Valley held a protest meeting, the media described it as a cry for help and indeed it was.

At that meeting Thousands of questionnaires were handed out and many were filled in on the spot, collected then, and some were mailed in later.

Methodology

The residents at the meeting were handed a questionnaire and encouraged to record their experiences.

The questions were few and open ended

1 page questionnaire handed out at the Rally on 2nd of March 2014

Latrobe Valley Residents

Your information below will help us provide data that will be used to improve the situation in Morwell.

Your personal details will not be disclosed. Feel free to leave out your personal details if you like and just complete the health issues and financial impacts on you.

Thank you for your help.

Name:

Address:

List your families health issues since the mine fire commenced on the 9th of February:

List the financial impact of the mine fires on you and your family or your business:

Additional comments or concerns:

This information will be collated and used to inform relevant departments regarding your needs.

Of the sheets handed out 341 were gathered together and correlated for this study.

The information on the sheets was hand typed into a database by a team of operators and then the resultant data was analysed by symptom reported and appropriate system.

There was little need to analyse by location and symptoms because previous studies had already shown the correlation there.

The individualized symptoms within a system are shown as percentage of respondents reporting that symptom.

Systemic totals were gathered by a simple addition of the percentages of individual reported symptoms within that system. The totals for systemic calculations can exceed 100% of respondents as many respondents had more than one symptom within a group, for example a respondent may have answered both *asthma flare up/start* and *difficulty breathing*

Results

V.O.T.V. snapshot done 2nd March

V2.a 11/5/2014

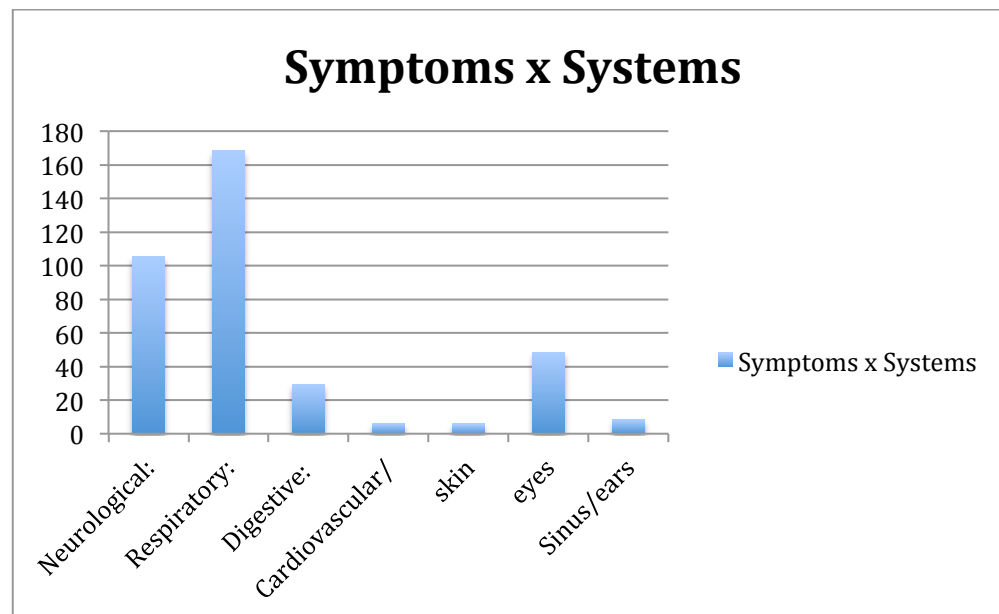
Respondents x location (res)



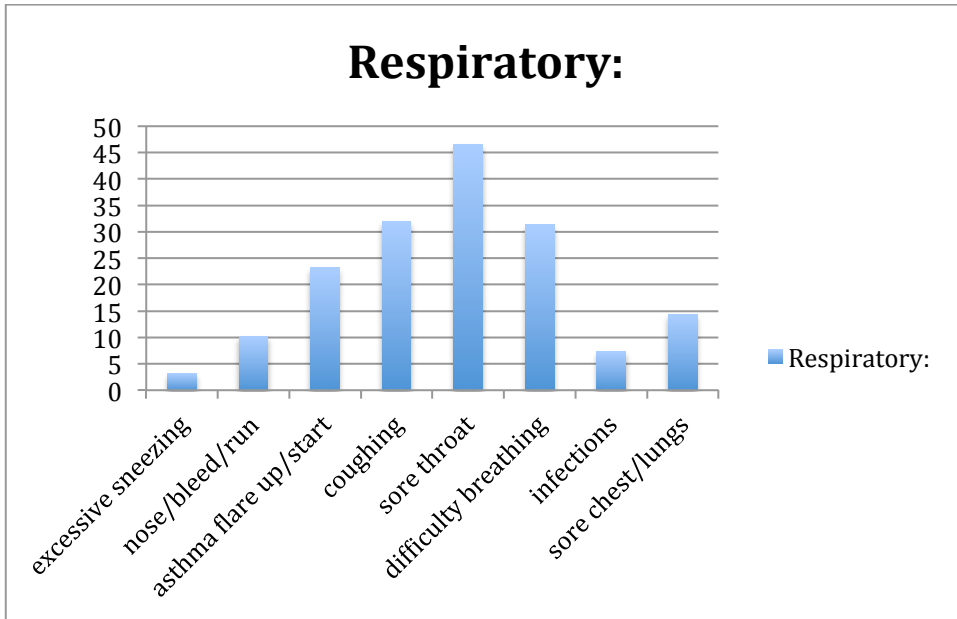
Respondents to survey are from a wide area across the Latrobe Valley and some beyond.

Symptoms shown are the same across the whole surveyed population. All were affected in the same way, though number of affected respondents varied with location.

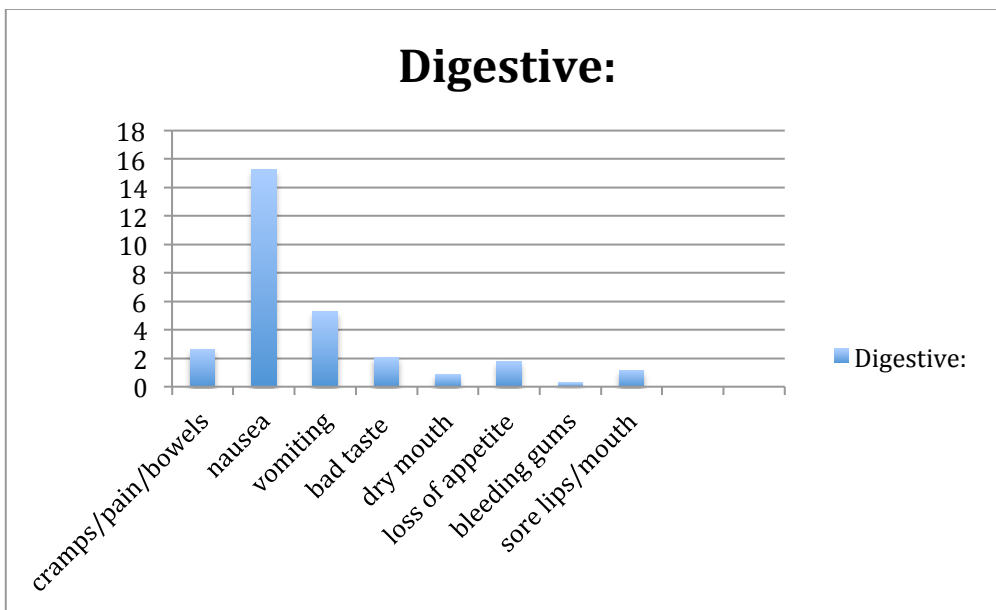
Symptoms x Systems



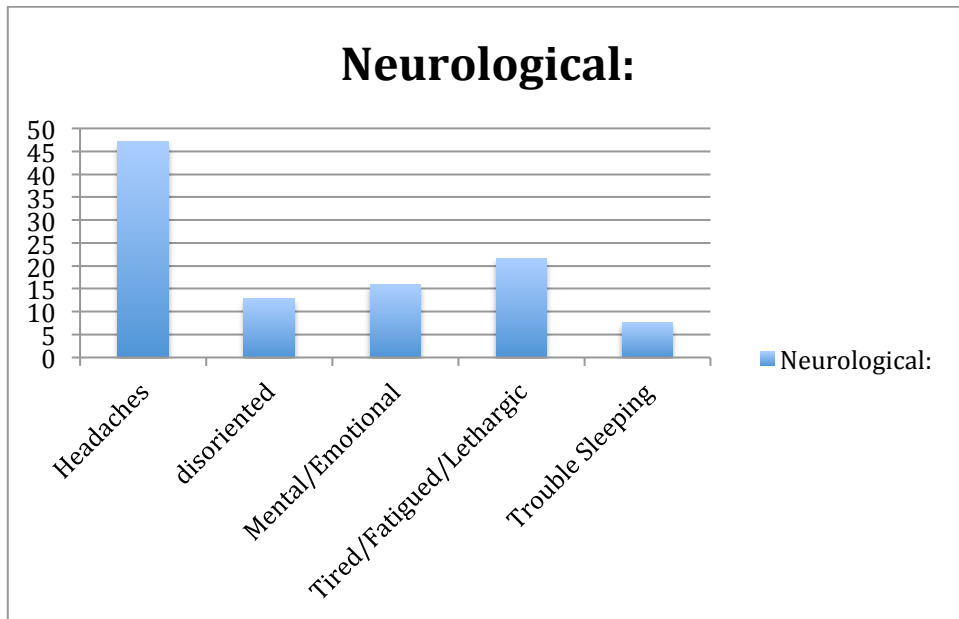
*Note totals for systemic calculations can exceed 100% of respondents as many respondents had more than one symptom within a group, for example a respondent may have answered both *asthma flare up/start* and *difficulty breathing*.



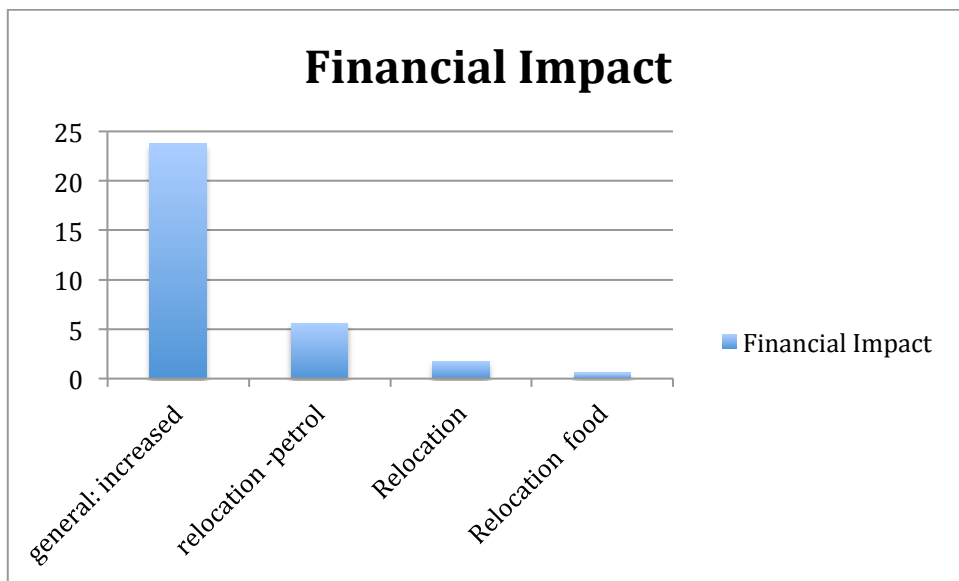
Figures are expressed as percentage of respondents.



Figures are expressed as percentage of respondents.



Figures are expressed as percentage of respondents.



Figures are expressed as percentage of respondents.

Discussion

This results of this survey are consistent with those previously conducted in the spread of symptomology.

Having a base number (N) of 341 gives a respondent level of significant reliability.

The figures give a snapshot of the population with the average person having one or more respiratory difficulties, some neurological/emotional difficulties, bouts of nausea and a 50% chance that their eyes are stinging and sore.

The population was effectively disabled by the smoke, both physically and cognitively.

The population was disorientated with a pain, distress and mobility issues.

This is a low socio economic group with few financial resources which are being tapped to the extreme by this event.

Purchase of air filtering systems, extra travel, inability to attend work increased utility billing are just some of the financial issues cited in the raw data. A one off payment of \$500 simply cannot provide the resources for weeks of refuge.

It would seem unreasonable under these circumstances to require them to organize alternative accommodation or refuge from the smoke themselves.

Further

The notes for this document were originally prepared for presentation to The Department of Health in support for a long term health study at the community consultation.

It was perceived that the proposed health study was only of 10 years and composed in such a manner as to produce results that were consistent with statements released by the department that there would be no long term health effects.

Notes:-

All these symptoms are typical of exposure to the hazardous, toxic and carcinogenic substances listed by the EPA in the smoke and ash. For some of the materials there is no safe levels, many have long term health effects that will take years to develop, many are developmental in pregnant women and growing children

We can expect an increase in infertility, birth defects, developmental difficulties and learning disorders. We can also expect an increase in pulmonary vascular disease, cancers such as lung and nose. Blood and lymphatic cancers, nervous system damage, heavy metal poisoning. There will be impacts on the liver and kidneys. The list goes on and is there for anyone with google to see if they compare what is in the smoke and ash, with the effects of exposure to these.

The measures of hazards on the EPA site were deceptive as they compared against levels used in soil contaminants (HIL's) and not suitable for dust that is already inside the house, ceiling and soft furniture.

We need more than a 10 year study to count how many of us die, using a sample so small, over such a short period that it absolves the Government and the industry from responsibilities.

A **health** study, not a **death** study.

We need them to assess how many of us have been sick, what we have been sick with and how widespread the effects have been. We then need our health monitored over a long time and see what treatments are useful in treating the long term effects and document these.

It is imperative that :-

The control group for the study is not from the Latrobe Valley as all in the Valley have been in some way affected.

The study is funded sufficiently and over a sufficiently long term to achieve offsets in health outcomes for the affected population. (Eg \$5m over 20 years)