



13 February 2018

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File Ref:

C-ECTF-18/711

The Hon Justice Rachel Pepper
Chair
Hydraulic Fracturing Taskforce
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Dear Justice Pepper

Thank you for your letter dated 24 January 2018, regarding the Hydraulic Fracturing Inquiry and the recent article by Dr Geralyn McCarron.

Collectively, the public healthcare system in Queensland is known as Queensland Health and is made up of the Department of Health and 16 independent Hospital and Health Services (HHS). The Department is responsible for purchasing services and ensuring the needs of the broader population are met, while the HHSs are responsible for local service delivery.

The coal seam gas (CSG) industry in Queensland is mainly located in the Surat Basin, near the towns of Chinchilla and Roma. Most of the current CSG activity is within the Darling Downs HHS, which provides public hospital and healthcare services to nearly 300,000 people and covers about 90,000 square kilometres. A map of the Darling Downs HHS region is shown in Attachment 1.

The Queensland Health report entitled '*Coal seam gas in the Tara region: Summary risk assessment of health complaints and environmental monitoring data - March 2013*', concluded, based on available evidence, that no clear link could be drawn between the health complaints by some residents in the Tara region and impacts from the local CSG industry on air, water and soil.

Regarding the proposition by Dr Geralyn McCarron, of adverse health effects associated with CSG operations in south east Queensland, it is noted that the hospital admission data appears to increase in parallel to the increase in CSG activity. However, further assessment is required to determine impacts of other factors such as population growth, changes in demography and other environmental and social stressors. It is also noted that similar increases were reported for Goondiwindi, Stanthorpe, Texas and Warwick, which are remote from any CSG activity. As well, no comparison was made to other areas of Queensland to determine if it was a local or state-wide trend possibly related to non-CSG factors such as smoking, high blood pressure, overweight and obesity, and an ageing population.

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Dr McCarron also acknowledged in her paper that some of the limitations in the health data were that it was not possible to break down admissions by age and gender and the times / dates of admissions. Further, the health status of residents who may have moved into and out of the area was not available to determine if the changes in health status were related to pre-existing medical conditions.

Nevertheless, the Darling Downs Hospital and Health Service is monitoring patient presentations (which may be related to CSG activities) at GPs and hospitals in the Western Downs area. This health management strategy requires the Darling Downs Hospital and Health Service to contact health care providers (local doctors and hospitals) in Tara, Miles, Dalby and Chinchilla to determine if there have been presentations that may be related to CSG activities. Even though no adverse health trends have been identified to date, this monitoring process is continuing.

Queensland Health is also collaborating with CSIRO in the design of a study to evaluate the potential human health risks and impacts of CSG activities. An expected component of the study will be the identification of airborne chemicals to be monitored and potential markers of health outcomes.

Should you require further information, the Department of Health's contact is [REDACTED], [REDACTED] Health Protection Branch, on telephone [REDACTED]

Yours sincerely



Michael Walsh
Director-General
Queensland Health

