## **Submission Cover Sheet**

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**Fingerboards Mineral Sands Project Inquiry and Advisory Committee - EES** 

Request to be heard?: Yes

Full Name: Jane Helen Greacen

Organisation:

Affected property: Bairnsdale VIC 3875

**Attachment 1:** Fingerboards\_Min

Attachment 2:

Attachment 3:

**Comments:** See attached submission

## **Fingerboards Mineral Sands Project EES Inquiry**

Dear Inquiry and Advisory Committee members

I am writing to you to express my doubts about the efficacy of the Kalbar Project's justifications to proceed with the mine.

I live near Bairnsdale which is approximately 20kms from the proposed mine site. I work in

I am both a Rural General Practitioner and an Occupational Physician. My submission is based on these two perspectives.

I have attended a couple of Kalbar's community consultations in Bairnsdale, read their information on their website, their Annual Financial Report 2019 (ASIC), and sections of the EES relevant to my areas of interest.

I believe that it is unlikely that Kalbar Mineral Sands Mine will be able to mitigate the risks to the health of the community or environment as it seems improbable that they will be able to properly suppress the dust that will be generated by the mining.

I have concerns about the completeness of the EES and its accuracy. I have reason to believe that some of it was done without proper review of the site itself, and other aspects were a superficial analysis.

As a rural GP, I work with community members on a one-to-one basis, and am required to provide continuity of care in the primary care setting. To be an effective rural GP, it is necessary to understand public health issues, health promotion, illness prevention as well as the spectrum of diseases and injuries that may occur in the population, from birth to death.

East Gippsland has a higher rate of some cancers, respiratory disease, and childhood developmental disorders than Victoria as a whole. It has the top 10% of the most disadvantaged people in Victoria, with higher SEIFA index in most parts of the region. It has significantly higher preventable hospitalisation rates per 1000 population than the state average. Almost 30% of the population is aged 65 years and over, with all the concomitant health issues.

These higher rates of cancer, respiratory disease and developmental disorders in East Gippsland could reasonably be considered to be linked to pollution from industry. We know that the health of the environment is already impacted by the coal mining in Gippsland, with pollution that is airborne as well as via the rivers that lead into the Gippsland Lakes. For example, the mercury levels in the fish in the Gippsland Lakes is significant, and the EPA recently stated that this requires regular monitoring, and a few years ago, the Department of Health and Human Services put out Advisories telling people the amount of fish they should restrict themselves to eating in any one or two weeks period, depending on the variety of the fish, the age of the person, and whether the person is a pregnant woman.

Fishing is not only a recreational past-time here, but also a source of food for many people.

Adding to the existing pollution levels would exponentially increase adverse impacts on the health of the community.

As an Occupational Physician, I deal with the occupational and environmental impacts of industry and occupations on the health of workers. Although the EES is directed to the environmental impact

on the country and nearby residents rather than the employees of the mine, the legislated operational requirements and standards applied to protect the health of workers will logically be the same as those that must be applied for the protection of the health of the community impacted by the proposed mine.

The Kalbar Project has the potential to create significant and deadly pollution with airborne particulates that are respirable and inhalable, that carry neurotoxic, radioactive, carcinogenic, and mutagenic elements. The potential airborne pollution would be breathed in by people up to 25 kms from the mine site depending on prevailing winds. It would also contaminate reservoirs that store the nearby towns' drinking water (3.5kms away), as well as the water in the Mitchell River and therefore the Gippsland Lakes, water in domestic tanks, and the major local vegetable growing industry in the Mitchell River flats (500m from the proposed mine site).

The products of the mine would be transported through country towns and across Melbourne to the port before being taken to China for processing. The dust dispersed by the trucks, and the dust from the outside of the containers of the product on either trucks or train, has the potential to pollute with radioactive dust along the transport routes through the towns and city.

The noise from the mining and the trucks operating 24 hours per day, 365 days per year, will be a significant health risk to people living near the mine and the transport routes. There are mental and physical impacts from noise pollution that are well documented.

The impact on Aboriginal health would be significant as this mine site is close to culturally significant heritage sites, and the fact that the mine will destroy 13 square kms of the land to 45 meters depth, means that all artifacts and significant trees and ancient middens will be completely obliterated. My GP clinic was established to provide medical services to the local Aboriginal community, and many of them have told me that this place is spiritually and historically important to them.

And finally, as this mine has the potential to destroy the vegetable farming in the area, and contaminate the drinking water supplies for Lindenow, Bairnsdale and towns further east, there could be a massive loss of jobs in these and associated industries. In addition, the glorious beauty of the Gippsland Lakes, surrounding country, and flora and fauna would be damaged through contamination of the lakes and waterways, leading to losses of employment in tourism and the hospitality industries. The costs of providing health care would grow, as would the costs of looking after a poor socioeconomic community with a high unemployment rate.

In conclusion, I cannot find anything about this proposed mine that is beneficial to this area. It is in a built-up area, and too close to so many of the things that make this region what it is. It will not replace anything that is lost and could leave the area permanently damaged.

I wish to thank you, as well as Minister Richard Wynne, and the Department of Environment, Land, Water and Planning, for the opportunity to make this submission.

Yours sincerely



Dr Jane Greacen OAM MBBS, FAFOEM (RACP), FACRRM, MPH.

25/10/2020