SILICOSIS RISK

Motion

HON MATTHEW SWINBOURN (East Metropolitan) [11.29 am] — without notice: I move —

> That this house notes the increasing number of cases of silicosis being found in construction workers arising from them working with engineered stone products and the continued need to remain vigilant about protecting workers from this fatal industrial disease and to provide continuing support to those who have contracted it.

Engineered stone benchtops and bathroom vanities are a popular choice for Western Australians in their homes. Many builders now offer them as standard inclusions in their new homes, and families frequently use them in their kitchen and bathroom renovations. They are also popular as shop fittings. Engineered stone products look good, and they are much cheaper than their natural stone counterparts. However, in recent years, the rise in popularity of engineered stone products has had a human cost. Engineered stone products are largely made of silica, or, more correctly silicon dioxide. Silica is an oxide of silicon and is most commonly found in nature as quartz. Members who have spent time in the Perth hills will know it is full of quartz; there is lots of it. There is so much gold in this state because granite, quartz and gold are all found together. Engineered stone products have high concentrations of respirable crystalline silica, which is now described as the new asbestos. Why do I say there has been a human cost? It is simply because the unsafe polishing, cutting, sanding, drilling or blasting of silica-based materials, such as engineered stone, which may have a silica concentration of up to 90 per cent or more, is exposing construction workers, such as stonemasons, carpenters, cabinetmakers and builders' labourers, to unacceptably high levels of silica, and is resulting most commonly in a condition known as silicosis. Natural stone products have a silica concentration of about 40 per cent compared with the over 90 per cent of engineered stone products. It is worth noting that it is not just engineered stone that poses a risk, but also sandstone, granite, tiles, bricks and concrete.

Silicosis is a lung disease caused by the inhalation and deposit of respirable silica in lung tissue; that is, silica in the form of dust is breathed in by those who are working with it. The symptoms of silicosis often do not present on first exposure. In fact, it can take many years of exposure before the damage becomes evident. The severity of silicosis is defined by three clinical categories—namely, chronic or classic silicosis, which I will talk about later, and which can occur after 10 to 30 years of low levels of exposure; accelerated silicosis, which can occur within 10 years of high levels of exposure, and which, unfortunately, is the type of silicosis that is now most common; and acute silicosis, which can occur after a few weeks of extremely high levels of exposure.

The first sign for victims is experiencing shortness of breath. Then, as the disease develops, their breathing gets worse, and many have to rely on an oxygen tank or lung transplant just to breathe. The disease is incurable and almost always fatal without a lung transplant. I want to read from a quote that was presented originally on *7.30* and then on ABC online. It is from Dr Graeme Edwards. The article says —

> "It gets down into the bottom of the lung and that triggers a scarring reaction in the lung," Dr Graeme Edwards, occupational physician and member of the national taskforce on silicosis and other dust diseases, told 7.30.
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> "Essentially it clogs up and distorts the lung so it can't work. I'm aware of two deaths, one in Queensland and one in NSW. I'm aware of at least two transplants. And I know that there are more people being lined up for potential lung transplants."
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> Dr Edwards warned that the problem is only going to get bigger.
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> "We're talking in the hundreds, some will die within 12 months, some will die within five years," he said.
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> "Most will be terminal in that five to 10, 15-year mark."

Frankly, that is alarming in this day and age.

The disease of silicosis has been uncommon in Australia for some years. However, it was not always uncommon. In fact, there was a time in Western Australia when it was a particularly common industrial disease. Historically, silicosis arose from exposure to silica dust in underground goldmining. This state has a long history of that, going back to the 1890 gold rushes in the Kalgoorlie and Coolgardie regions in particular. Silicosis was referred to by miners by a number of slang terms, such as "the dread disease", "dusted", "miners' phthisis" or "miners' complaint". In those early days, it was not uncommon to see old miners shuffling around town and to the local pub, with their oxygen bottle, struggling with their breathing. The pernicious effect was that it made them unable to not only mine but also work in almost any other industry, because if a manual worker does not have lung capacity, there is not a great deal they can do. That meant that their families suffered significant hardship, because there were no mechanisms to provide them with support. They could not work and earn an income, and the support that was available was particularly difficult to obtain and at best provided only the meagre necessities of life. It took many years for governments and industry to respond to the disease seriously and provide the proper occupational

protections, screening, compensation and medical support that those people needed. Eventually, governments and industry got on top of the conditions that were causing silicosis by introducing proper dust controls in underground mining, providing regular X-ray screening for workers—which I believe only ceased in the last few years as a compulsory requirement for underground workers—and providing adequate compensation mechanisms through workers' compensation and the necessary medical supports. This was so effective that for a long time, the number of new silicosis cases was virtually reduced to zero.

The disease traditionally developed over many years of low-level exposure. However, with the development of the engineered stone industry, an increasing number of workers are developing silicosis with only a few years of exposure through cutting the stone. We have also noticed that many of these victims are young males, and some of them are dying in their early 30s from this disease. I refer in particular to a case in Queensland of a 35 or 36-year-old stonemason who died of a silicosis-related condition. These workers are getting high levels of exposure, which is leading to fatal consequences.

Why have so many people been diagnosed with silicosis? This is an Australia-wide issue, not just a Western Australian issue. The reasons include overexposure, cutting techniques and the lack of compliance with existing safety regulations. It is often not just the factory-based setting in which engineered stone is cut and polished; when the engineered stone is taken onsite, it may need further cutting to fit into a particular spot and may be scratched and therefore need polishing. The extraction equipment and protections that are available in a factory setting are sometimes not available on site. Currently, the workplace exposure limit in Western Australia is 0.1 milligrams per cubic metre of respirable crystalline silica for eight hours over five days per week for 40 to 45 years. That is clearly too high a level of exposure, because we are seeing the consequences. To give members an idea of how much 0.1 milligrams is, it is roughly equivalent to exposure to one-tenth of the size of a 5¢ piece each shift. That does not seem much. However, the reality is that even that is too much. Much smaller amounts are resulting in the same adverse health effects. That has resulted in a push by not only the unions but also the Royal Australasian College of Physicians, the Thoracic Society of Australia and New Zealand, Safe Work Australia and even some state governments, including our own, to decrease the exposure limit to just 0.02 milligrams.

A reduction in the exposure level standard will assist greatly, but only if techniques to moderate exposure are also adopted. One of the biggest reasons that silicosis has become such an issue is the dry cutting of stone. Dry cutting is extremely dangerous without the use of proper ventilation or extraction systems, because it means that silica dust is thrown in the air and it is breathable by not just the worker who is cutting the stone, but also other workers in the vicinity. If the job is being done at a shopping centre or mall, people in the centre will also potentially be exposed to the dust. However, even controlled dry-cutting systems may not be enough to ensure that workers stay below the new recommended exposure levels. Wet cutting, on the other hand, eliminates the risk to workers significantly, and helps to protect workers from breathing in the dangerous silica dust.

After all this, the issue now is compliance. Currently, too many cost-cutting stonecutters, and what can only be described as cowboy operators, are putting workers at risk by flouting the most rudimentary of existing occupational health and safety requirements. Workplace Health and Safety Queensland attended two Gold Coast businesses and found dust from engineered stone cutting blanketing the workshops like snow. That sort of imagery is very alarming. There was a similar scene in Perth last week at the Louis Vuitton refurbishment in the city, when the Construction, Forestry, Maritime, Mining and Energy Union found that stone and concrete was being cut without any form of lung protection or extraction equipment. Therefore, notwithstanding that workplace laws and regulations are currently in place to mandate safe systems of work when cutting and polishing engineered stone products, we still have ongoing noncompliance. The question might arise: why might this be so? There are probably a number of interrelated reasons, including poor workplace safety cultures, particularly in the construction industry; time and money pressures in the construction industry to just get on with the job and to get it done; the technical difficulty in safely cutting and polishing engineered stone, particularly when that work is carried out onsite; a lack of effective enforcement of workplace safety laws by the regulator, WorkSafe, which has a history of that; and a lack of education of construction workers on the dangers of engineered stone products.

In July this year, UnionsWA reported the alarming—but not uncommon, in my experience of the construction industry—experience of a stonemason called Terry. Terry recounted that workers for one of his previous employers would be sacked if they tried to seek medical attention following exposure to dust, even though employers are responsible for the health surveillance of their workers if there is a risk of exposure to silica. I am not saying that this is a common occurrence everywhere, but it is certainly not uncommon and it happens too often.

There are steps that the government can take to tackle this emerging industrial disease crisis of silicosis. I encourage the government to push for the further reduction of the exposure standard for respirable silica to 0.02 milligrams per cubic metre. I understand that there has been recent national agreement to reduce the workplace exposure standard to 0.05 milligrams per cubic metre. In that context, the government should also ban the practice of dry cutting completely, so that we do not have those levels of exposure, and recognise that perhaps the best way to cut stone

while minimising silica exposure is wet cutting. Further, the government should continue to support WorkSafe to allow it to be the proactive regulator Western Australia needs. Unfortunately, we have had a number of issues with WorkSafe over many years; hopefully, we are getting on top of those issues.

I was pleased with the government's recent announcement that it would employ an additional 21 WorkSafe inspectors, ensuring a ratio of one full-time equivalent inspector per 10 000 employees. The reality is that the government, as the regulator that seeks compliance in this area, needs to get those inspectors out into workplaces because if they are not monitored and watched, people will bend and break the rules, and we will have what we have now—an increase in the number of cases of a disease that we thought was consigned to history. Extra inspectors will help to ensure that safety compliance is checked on so many more worksites. It will allow for increased checks of compliance with existing workplace health and safety requirements, such as the prohibition of uncontrolled dry cutting, the provision of appropriate respiratory protective equipment and health surveillance for workers. I also hold out hope that our new industrial manslaughter laws, which will, hopefully, come before this house sometime in the very near future, will act as a deterrent to cowboy operators wilfully engaging in unsafe work practices. Another step to support our workers is to introduce a statewide monitoring system, which has existed in the mining industry for many years, to track silicosis cases and build a body of data about the impact of silicosis on workers.

I would also like to acknowledge the federal government's response in July this year to this emerging crisis, with the establishment of the Taskforce to Tackle Silicosis and Other Dust Diseases. The federal Department of Health has established the task force to develop a national approach to the prevention, early identification, control and management of dust diseases, such as silicosis, in Australia.

I have said this before and I will say it again: everyone deserves to come home safely from work in the same state that they left. That is a non-negotiable state of affairs. We should all hold ourselves and everybody to that standard. There is no acceptable level of risk for workers and there is no case in which a family should ever see a loved one not return because of an unsafe workplace. This is no less true for stonemasons, carpenters, cabinetmakers and builders' labourers. Let us make sure that we do the right thing by them all and do what we can to ensure that this silicosis crisis is brought under control, and all is done to make sure that no new workers are exposed. I commend the motion to the house.

The ACTING PRESIDENT (Hon Dr Steve Thomas): Before I give the call to the very enthusiastic Minister for Regional Development, can I just check to see that you are delivering the official government response?

Hon Alannah MacTiernan: I am.

The ACTING PRESIDENT: I give the call to the Minister for Regional Development.

HON ALANNAH MacTIERNAN (North Metropolitan — Minister for Regional Development) [11.44 am]: I sincerely thank Hon Matthew Swinbourn for bringing this matter to the house and for his ongoing focus on issues that deeply affect the lives of working people. When I saw that program on the ABC recently, I was truly appalled. I have engineered stone in my house and I had never considered the consequences, so I felt truly alarmed about and, indeed, implicated in, the re-emergence of this terrible disease. As Hon Matthew Swinbourn has suggested, most of us thought it was a condition of the past and that we had moved beyond it. To see the return of this hideous illness that accumulates and then creates such a life-threatening and painful condition for the sufferers is quite horrific. I think we all need to have it brought to our attention so that we are very mindful of not buying products that compromise the health of our fellow community members.

It is absolutely the responsibility of government to go in and make sure that these practices are brought to an end, and to put in place a mechanism for outlawing bad practices and an enforcement regime that will give effect to such regulations. It is important to understand that we can have all the regulations in the world, but we also need adequate enforcement. I reiterate the point made by Hon Matthew Swinbourn that Premier Mark McGowan recently made a commitment to an additional 21 occupational health and safety inspectors, which will be a very important fillip to our ability to go out and enforce legislation. We also need to update our legislation to take into account the re-emergence of the terrible condition of silicosis.

The Minister for Mines and Petroleum has advised me that since mid-2018, the WorkSafe directorate of the Department of Mines, Industry Regulation and Safety has been monitoring the issue and has undertaken regulatory activities to ensure occupational safety and health at workplaces, and to control exposure to respirable crystalline silica. WorkSafe is also closely monitoring reports of silicosis and looking at emerging research involving RCS. There has been a real focus since mid-2018 on this within WorkSafe. The rise in the interstate detection rates of silicosis has received more and more media attention, but, as I said, we want to make it clear that WorkSafe's work on this predates that, as it started in mid-2018.

In line with the provisions of the occupational safety and health laws in Western Australia, WorkSafe prohibits the uncontrolled dry cutting, grinding or polishing of engineered stone. Employers are required to provide and maintain a safe working environment with controlled measures in place to reduce the exposure of workers and others to respirable crystalline silica.

The Minister for Industrial Relations, Hon Bill Johnston, has written to Safe Work Australia and given in-principle support to a recommended workplace exposure standard limit of 0.05 milligrams per cubic metre of RCS. The minister also reiterated this view when he responded to the Housing Industry Association and the Australian Chamber of Commerce and Industry on this matter.

I note that Hon Matthew Swinbourn talked about an exposure limit of 0.02 milligrams. I understand that that was also the preference of the minister, but in order to make some progress with Safe Work Australia to get a standard that represented something better than was currently the case—as Hon Matthew Swinbourn pointed out, that is 0.01 milligrams—the minister agreed to 0.05 milligrams. This obviously will be a work in progress as more understanding emerges about what are the safe and unsafe levels and in what other ways we can mitigate risk.

In 2018–19, WorkSafe carried out a very proactive inspection campaign of inspecting stone fabrication and installation workplaces in Western Australia. During the inspection program, inspectors focused on whether the hazard of silica dust is adequately controlled. They looked at priority areas consisting of noise, manual tasks, guarding of plant, electricity, mobile plant and slips, trips and falls, and a variety of other standards. WorkSafe will continue its proactive inspection campaign in 2019–20. It will focus not only on fabrication workplaces, but also on the construction sites engaged in wall chasing and assay laboratories. The campaign will evaluate exposure in high-risk tasks within the above industries by including targeted air monitoring. Air monitoring was not undertaken in the initial phase, which was designed to identify the most appropriate locations for the conduct of air monitoring and focus on dust control and health surveillance.

The WorkSafe Western Australia Commissioner is notified of reports of worker health surveillance outcomes as required under the occupational safety and health legislation in Western Australia. As of 24 September 2019, WorkSafe has obtained 142 workers' silica health surveillance records as a result of enforcement activities conducted during WorkSafe's proactive silica campaign. Five were indicative of silicosis, although this may not imply a successful workers' compensation claim, and nine need further investigation by appointed medical practitioners through the Department of Mines, Industry Regulation and Safety. From July 2018 to 24 September 2019, WorkSafe has inspected 39 stone benchtop workplaces and issued 316 improvement notices and two prohibition notices. I ask members to note that number. WorkSafe inspectors have obviously been active.

HON ALISON XAMON (North Metropolitan) [11.54 am]: I thank Hon Matthew Swinbourn for bringing this important motion to the attention of Parliament. This is exactly the sort of issue we need to be debating because silicosis is a terrible lung disease. There is no doubt that it represents a significant emerging and devastating crisis for people who work in industries where they are exposed to silica dust.

It was only last month that I got up in this chamber to speak about the devastation that silicosis is wreaking. There are now 260 confirmed cases of silicosis across Australia: 166 in Queensland—that is considered to be because of the boom in the building of apartments in particular—61 in Victoria; 23 in New South Wales; five in Tasmania; and one each in the Australian Capital Territory and South Australia. UnionsWA reports that Western Australia has five confirmed cases of silicosis. It is highly likely that these numbers represent only the tip of the iceberg. The full extent of those people who will have contracted what is a very severe, chronic and often terminal lung condition is yet to be known.

Of deep concern is that the Queensland case numbers have more than tripled since last November, at which time 53 cases had been diagnosed. That is the sort of time frame we are talking about. This is very, very rapid and is occurring far too quickly. Queensland was the first state to sound the alarm. Investigations in Queensland have progressed more than anywhere else in Australia. Accelerated silicosis can occur within 10 years of high-level exposure to silica dust. Accelerated silicosis is the type of silicosis that is most commonly being diagnosed in the most recent spate of cases. People are being diagnosed at a very young age and also, tragically, within the prime of their lives. We also know that there is no effective treatment and people often do not know they have it until it is too late.

The New South Wales Parliament recently launched an inquiry into the prevalence of silicosis. It is important to look at some of the evidence that has come out of that inquiry. Only last week, Dr Graeme Edwards from the Royal Australasian College of Physicians gave evidence to the inquiry. He illustrated the seriousness of this threat to workers' lives. Dr Edwards said —

> I am on the public record of stating that in my opinion, and it is the opinion of my colleagues, that this is worse than asbestos because of the age at which these people are suffering. With asbestos and asbestos-related diseases it is affecting people at the end of their working life and into their retirement; they have had an opportunity to contribute. My youngest patient is 23 years of age. I have patients who have to contemplate what are they going to say to their eight-year-old daughter at Christmas time because they are dying. This is a tragedy that should never have occurred and every case … is evidence of system failure in the work health and safety spectrum—failure.

Evidence was also presented last week at the New South Wales inquiry by Dr Chris Colquhoun, who is the Chief Medical Officer of icare NSW. His evidence was that he believes there is no safe exposure limit to silica when cutting manufactured stone.

Members, I think we need to pay very close attention to the emerging evidence around this. We are talking about changing the exposure levels to safer levels. There has been a move to 0.05 milligrams, and obviously there is a desire to move to 0.02 milligrams, but emerging from the evidence is that there is no safe level that potentially can be contemplated. That is the situation that is starting to emerge.

As a result of the New South Wales parliamentary inquiry, my friend and colleague Hon David Shoebridge, a Greens member in New South Wales, only today called for a complete ban on manufactured stone products. He argues that we simply cannot afford to wait any longer. I will put it out there that this might be where we need to start going. This may be the inevitable outcome if we are to value workers' lives and, indeed, the lives of people who will undertake home renovations in the future. I note that so far most efforts to stem this crisis have been directed at the stonecutting industry and its 6 000 workers across the country. Dr Edwards advocates for ensuring that high-risk industry subsectors are targeted so that the impacts of silicosis are not diluted and hidden by a broader reporting process.

I note also that eminent occupational hygienists have increasingly called for a widening of investigations to ensure that we look at building, demolition, tunnelling and quarrying industries in which workers are being exposed to elevated levels of silica dust. Either way, what is abundantly clear is that at the very least there is an urgent need for vigorous enforcement of dust-reduction regulations, particularly in the growing industry of engineered stone products, but also across the board. It is critical that we have a robust inspection regime. Without that data, there is no prospect of prosecuting workplaces that are doing the wrong thing. We need to ensure that we have both the expertise and the workforce within WorkSafe to prioritise this issue. I agree that it is clear that WorkSafe is significantly lifting its activity in this area, and not before time.

I note further that a federal inquiry was also initiated, but that is not due to report back until December next year. I maintain emphatically that this is too long to wait before we take action. Although the inquiry is necessary, there is already enough evidence to show that there is an unacceptable level of risk. It is unacceptable that we are looking once again into the face of a preventable occupational disease such as silicosis and that right now it is threatening the health and lives of Western Australians. Let us be very clear: this disease is 100 per cent preventable. We must ensure that all worksites are safe. I completely agree that people deserve to perform a good day's work and to go home as healthy, and as alive, as they began the day. This is a huge crisis and we have to take urgent measures. I will not be surprised if in the very near future we will have to consider complete bans.

HON KYLE McGINN (Mining and Pastoral) [12.02 pm]: I thank Hon Matthew Swinbourn for bringing to the house today this motion to protect workers from silicosis. His advocacy in this space does not go unnoticed. As the previous speaker said, it is critical to have this discussion here today. Unfortunately there must be a lot of parliamentary business on today, but members should take the time to read *Hansard* and get a hold of the issue at hand. To me, this has the same sour taste as asbestosis. Asbestos was around before my time in the lives of working men and women, and it was everywhere. What we saw come out of that is what we are facing now. It is not an instant injury. It is not a case of an accident that results in a finger being chopped off and being able to see the damage and assess it, and fix the hazard and move on to the next place. This is something that happens away from the workplace years down the track, without being monitored unless it is reported, and then it needs to be traced back to where people worked at the time. As Hon Matthew Swinbourn stated, there are cowboy operators who I am sure are engaging casualisation and labour hire outfits—a bum on a seat to them—and if people do not do their job, they are out the door. I have spoken in this place before about how that need for flexibility for employers often results in reduced safety standards in a workplace. I fear that this is another of those cases.

I cannot refer to asbestos and not mention Bernie Banton's case when he was dying. We heard comments from Tony Abbott and Julie Bishop that jumping the queue to have his case heard while he was dying was unacceptable. What an absolute disgrace! If that is the type of attitude we saw with asbestosis, what are we seeing federally now with silicosis? We need to consider seriously that those people at the end of their life had the fight that we should have been having for them when they were in the workplace. They worked building the cities—the apartment buildings and shopping centres. Everything we see today was built by workers who put themselves at risk. We

need to make sure that we continue to identify the bad operators, raise awareness and continue to push our regulators to ensure that they are educating and providing as much information as they can out there. It is not about waiting until the injury is visible, but about preventing it. Prevention is the key to getting in front of what, as the previous member said, is already starting to pop up. Hon Alison Xamon said that there are already 260 cases in Australia. This is the beginning. How much has already happened that we have missed the boat on?

I have done a little research. I often fear with these matters that, although I have an issue with where our safety standards are at in Australia, we are one of the safer countries with regard to work, our regulators and how we operate day to day. I believe that we genuinely try to ensure that people go home in the same condition as they go to work. However, the mention of stone benchtops rings in my ear prefabrication and Chinese foreign labour who do it as a bulk commodity and then send it on to Australia. I assume that it is probably not done to specification and that we just chop off the trims in Australia. They are mining this product. I found an article from 2018 in the *South China Morning Post* that was very alarming. It refers to a very poor province called Henan where people lived below the poverty line and workers took whatever role they could. A man there said that he took a job drilling holes on a mine site to extract material for the stone tops. They were drilling holes and then dynamiting the area. They were paid $US29 a day—three times higher than a normal construction wage in that area. It was a massive increase in pay. However, they were unaware at the time that what they were doing was causing them damage. That man, who is now 54 years old, has terminal stage 3 silicosis. He has stated that if he knew what he was doing, no matter how poor he was, he would never have engaged in that work. He learnt in May last year that his days were numbered and he found out that his terminal stage 3 silicosis lung disease was linked to the exposure to silica dust on the job.

Rather than quietly accept his fate, he has petitioned the Xinxiang government for compensation. He has been petitioning for compensation for a funeral, so his family is not burdened with that cost. Six hundred other workers from Henan alone have sought medical costs to support their families. Although a broad issue is rearing its head here in Australia, workers around the world are in a far worse circumstance than we are right now and the damage is being done.

In one area, 600 workers have applied for funeral cover from the government. It is a disgrace. They are the workers who went to work to put food on the table. They were surviving on $US29 a day while putting their lives at risk. It is an absolute shame. Although we continue to raise awareness of this issue, it is critical to understand that during my working days on ships, even though it was known that asbestos could cause asbestosis, people were not disposing of it properly. It took a while for regulations and licences for removing asbestos to be implemented and people were putting themselves at risk. I remember clearly when I was on a ship in Darwin that there was a ship behind us that was known to be from overseas and we knew the workers had a few issues with safety, so we went down to have a look. Guys were covered from head to toe in blue asbestos. They had no breathing apparatus and wore only their overalls. They had no idea what they were exposing themselves to, but they were doing the job because they had been told to.

The people sitting above these companies that work with silicosis and asbestos often sit in an ivory tower, making their money and pushing forward all their construction jobs without too much worry about what is happening on the ground. People on the ground are being affected. I note that the McGowan government is moving in this space and has announced improvements within WorkSafe on industrial manslaughter and employing more inspectors. They are needed. Get them on the ground. Get them there asap, because workers are dying today when they should not be. The employers need to meet them halfway. I am sick and tired of the attitude of employers that are mid-tier or small cowboy outfits getting away with undercutting. When a deal is done with a large client that is advised of the safety standards it needs to work to, that business subcontracts the work to another company and says, "It's a separate company; it has nothing to do with us." That is just rubbish.

Silicosis is affecting workers' lives now. It is up to not only the regulators or the government, but also employees and workers to stand up and make sure they call it out. I know it is hard, because most of the time they are casual workers. Stone benchtops that are too big to fit into the workplace have to be dry cut on site; otherwise, it can take two hours to go across town to have it done. I am telling workers now that regardless of that two hours and the little bit of heat they could take from the employer, they should call WorkSafe. They must make it known, because they will not discover the damage until it is too late.

Thank you, Hon Matthew Swinbourn, for bringing this great motion to the house. I am looking forward to hearing more members speak on it.

HON SAMANTHA ROWE (East Metropolitan — Parliamentary Secretary) [12.12 pm]: I, too, am pleased this morning to stand and make a contribution on this very important motion, which my colleague Hon Matthew Swinbourn has brought to the attention of the house. As preceding speakers have indicated, silicosis is an entirely preventable disease. That is what is important in this debate. Silicosis is preventable; therefore, as members of Parliament and as a government, we have a responsibility to look after our community members—our workers—to make sure they

are protected in their workplace. When they go to work to do a day's work and then go home, they should arrive home safely without injury and without the risk of contracting this hideous disease. They should go home alive.

I refer to an article in the *Internal Medicine Journal* published on 1 May 2019, which contains work done on Australia's current workplace epidemic and accelerated cases of silicosis. Some of the background in this paper states —

> Engineered stone contains very high levels of quartz … bound by resin; at levels much higher than those found in traditional stone products—marble and granite. Since 2000, this material has become very popular for kitchen and bathroom benchtops and hence there has been rapid expansion in the Australian market. Modern, high-speed mechanical processes can generate very high levels of respirable crystalline silica. Dry cutting engineered stone for just 30 minutes can expose an operator to over 400 times the current Australian 8-hour exposure limit.
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> Engineered stone silicosis was first described in 2009 in Spain followed by cases in Italy, Israel and the USA. As well as silicosis, workers have an increased risk of rheumatological diseases such as rheumatoid arthritis, Sjogren's syndrome and mixed connective tissue disease. The index case in Australia was first recognised in 2016 and a case series published in January 2018. Since then an increasing number of young men working with engineered stone to produce and install benchtops have been diagnosed with "accelerated silicosis", onset within 10 years of first exposure; many with "progressive massive fibrosis" …

To better understand the extent and burden of the accelerated silicosis epidemic in Australia, these doctors undertook a study. Their method has been applied since August 2018, when over 600 workers from the engineered stone benchtop fabrication industry in Queensland entered a health screening program. They took part in clinical interviews with questions about exposure to silica and undertook tests and X-rays. The article states —

> **Results:** As at 5 December 2018, 66 cases of silicosis have been confirmed. Most cases are still being assessed. The youngest known to the authors is aged 24. Approximately 20% manifest advanced disease … all with minimal or no symptoms at the time of diagnosis. Due to an uncertain denominator, the true prevalence remains difficult to ascertain, but a crude prevalence of complicated silicosis … in the high-risk group of workers fabricating engineered stone in Queensland, has been observed at 20–30%. Dry processing was a consistent feature among silicosis cases.
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> **Conclusions:** The key priority current and future workers is dust management: wet processes, local exhaust ventilation, and suitable personal protective equipment. These preliminary findings from the health screening of people working with engineered stone in the benchtop industry in Queensland show a very alarming rate of accelerated silicosis and PMF. This epidemic requires an urgent national multidisciplinary approach to reduce the burden of this disease among workers in this industry sector. To inform the further investigation and management of affected workers in a consistent way, clinical guidelines, developed by relevant medical specialists, are urgently needed. Further analysis and dissemination of the health screening clinical data from Queensland is essential. Other screening programs are being established in some Australian states, and all screening needs to include relevant quality controls and feed into a national surveillance registry. A proposal for a national disease registry is being considered by the federal government.

I think that is a very interesting study. As other speakers have mentioned this morning, it is probably now urgent that something be undertaken in this space. We do not want to see a repeat of what happened as a result of asbestos. We need to act quickly. As other speakers have said, there is now enough evidence available for us to know how dangerous this disease can be for people. It is not good enough that men as young as 24 years of age are contracting this hideously incurable disease. When a person goes to work each day, they should not end up contracting a preventable disease because the occupational, health and safety requirements at the workplace are not strong enough. That is not acceptable anymore; it is just not good enough. Governments need to step up and, as my colleague Hon Kyle McGinn mentioned, employers need to step up. In 2019, we will not accept that.

We have heard some really great contributions from this side of the chamber. I am not sure why no-one from the other side has decided to rise to make a contribution. This is a very important issue for the workplace, and that is disappointing—but it is their choice.

HON MARTIN PRITCHARD (North Metropolitan) [12.20 pm]: I want thank Hon Matthew Swinbourn for bringing this motion to the chamber. Like most people, I am probably too young to remember the silicosis outbreaks during the goldmining period, but there are a lot of parallels with asbestosis. I am old enough to have lived through a lot of the consequences of asbestosis and the dreadful diseases that arise from it. I am going to focus on that and hope that members will understand that I am trying to draw a parallel.

It seems that we are getting on the front foot with this issue, perhaps not soon enough, but the minister is taking note of it. It looks like the government is beefing up WorkSafe Western Australia, which will obviously play a major role in trying to prevent this disease from becoming prolific. Prior to coming into Parliament, I worked for the Shop, Distributive and Allied Employees Association, a retail union, which did not have much exposure to this

issue. We unusually had some exposure to asbestosis because we looked after warehouses as well. I want to recount one incident when I was a union organiser for a major warehouse in Morley. One would not think at first that that would be a concern, except that this big warehouse that employed some 250 storemen had a fairly unusual roof that was made of the asbestos sheeting used for fencing. The roof was massive and covered with asbestos sheets, with windows periodically set into the roof to allow light to get into the main warehouse. This warehouse was semi-unionised. We did not have a lot of members there, but we had some, including a shop steward. I remember getting a phone call from this shop steward who was horrified. He had started his shift at 8.30 am, but people had been working at the warehouse prior to his arrival. The employer, who was trying to do the right thing, had some concerns about the lighting, as did we at the union, so he had organised a contractor to get onto the roof and clean the windows, which had probably not been cleaned for 20 or 30 years. At the same time, they decided to sweep all the rubbish off the roof. A number of storemen were working inside while the contractor, after cleaning the windows, swept the roof and let the dust fall onto the floor on one side of the warehouse to be swept up into a pile and removed. The shop steward was horrified because he knew that the roof was made of asbestos sheeting and that the dust that came from the roof, most likely, because of the weathering of that sheeting, contained asbestos. He called me. I went to the warehouse and raised the concern with the employer, who immediately stopped the cleaning work on the roof. He got some people in to measure the dust and, indeed, they found asbestos in the dust.

That incident was unfortunate. It might possibly have been catastrophic at a later stage, but at the time I thought that everyone had tried to do the right thing. The contractor had been employed to do a job and thought that they were doing the right thing. The company thought that it was doing the right thing, and when the concern was raised, it acted promptly, and the shop steward did the right thing. The union, in unionised workplaces, participates in trying to improve safety, as well as other things at the worksite. I do not have so much concern with that process, but I draw the distinction between that incident and, again, what happens with the stonework when it is fitted.

I draw the parallel also with the experience that I had for a short time with installing asbestos fencing, because that was what we used to use. We put up asbestos fencing sheets around our first house. We would dig the hole, put in the sheet, and without wearing any mask, drill straight into the asbestos sheet and bolt it all together. We would repeat that process for 200 sheets or however many it took to border the house. I draw the parallel that others have drawn with fitting these moulded stone sinks and such. It will not be difficult to make sure that the right thing is done in factories, and I encourage WorkSafe and unions looking after those factories to be very conscious of the concern, but I do not hold such a concern about that aspect. What I am concerned about, as other members have indicated, is the fitting of the stone, because often that is done by a contractor. He is given a job, he goes out to the site and he installs the stone bench. Quite recently, I fitted one into the extension at my mother-in-law's place, and that is exactly what happened. The contractor brought out the stone benchtop. When he found that it did not quite fit, he made it fit by cutting it. Of course, he did not have all the wet-saw facilities that they would have in a factory, and it was not a lot of work, but just by rubbing it back down so that it fitted obviously put people at risk, even my family. We went into the room afterwards and although he had done a little clean up, we were there with dustpans and brushes cleaning up as well, so it put a lot of people at risk.

As I said, I commend the minister for acknowledging this concern. I know that we have not had too many issues in Western Australia yet, but, as with asbestosis, we may find that at some later point we do have a problem. I commend the minister for being very proactive on this matter. I commend him for beefing up WorkSafe. I acknowledge the role that unions play in this area. They are very proactive and I am certainly a big supporter of that. In this space, unions working with employees can improve the safety of the worksites they look after. I do not think that the employer or the union is the enemy in this space. It is a matter of working together. Hon Matthew Swinbourn indicated that everybody should go to work with the expectation of working in the healthiest environment and to be able to go home in the same condition they were in when they left for work. I believe that Hon Matthew Swinbourn might wish to thank people, so I will end my comments.

HON MATTHEW SWINBOURN (East Metropolitan) [12.28 pm] — in reply: I thank Minister MacTiernan for her contribution, and for the contributions of Hon Alison Xamon and Hon Kyle McGinn, who always speaks passionately about workers' issues. I also thank Hon Samantha Rowe and Hon Martin Pritchard. I might add quickly that Hon Samantha Rowe talked about the 24-year-old victim. The youngest known victim now, as reported by the ABC, is 22 years old. He worked with the stone product for three years and now has a life-ending illness.

Motion lapsed, pursuant to standing orders.