

**WORKERS' COMPENSATION AND INJURY MANAGEMENT
(FAIR PROTECTION FOR FIREFIGHTERS) AMENDMENT BILL 2012**

Second Reading

Resumed from 15 August.

DR G.G. JACOBS (Eyre) [7.00 pm]: It is a great privilege to address the Chair. It is the first time I have had the opportunity to congratulate publically Mr Acting Speaker (Mr I.M. Britza) on his appointment to the Chair. What a good job you do, too.

Last time I spoke on this private member's bill, the Workers' Compensation and Injury Management (Fair Protection for Firefighters) Amendment Bill 2012, was 15 August. I believe I have 10 minutes to finish my allotted time in the debate around this very, very important matter. I will summarise where I was when I last spoke on this issue. We support the concept of compensation for this very deserving group of people who risk life and limb in carrying out their duty to protect us, and save lives and prevent injuries. It is generally a concept that we very much support.

I take the opportunity at this point to publicly record my condolence to the member for Murray–Wellington, Murray Cowper, and his family on the loss of Murray's brother Grant on Monday. Murray's brother was a career firefighter for around 35 years. It really brought it home to me this evening, when I spoke to Murray, that it is important we look at this issue. Murray's brother Grant, who was 59 years old, died of the consequences of oesophageal cancer. On behalf of Murray, I thank the member for Girrawheen for her condolence recorded in the press for the sad loss of Grant to the ravages of secondary oesophageal cancer. Metastases at the primary site meant that the cancer spread throughout his body and finally took his life. This really brought it home to me that this man had given long service as a firefighter. The evidence may prove to be more than just presumptive, as it is in this bill. There may be scientific evidence to prove that the cancer was related to Grant's exposure to agents during his firefighting career over the past 35 years. It is not about opposing the bill for the sake of it; it is about stepping back a little and saying, "We need to do some more work, member for Girrawheen, on the scientific evidence."

As I said in my previous remarks, a very good study is pending called the Monash study. The Australasian Fire and Emergency Service Authorities Council recently commissioned Monash University to undertake a comprehensive Australia-wide research project examining the overall cancer rate and rates of specific cancer types in Australian firefighters compared with those in the general population. I believe this is pre-empting that work. In order to get this bill absolutely right, we need to compensate firefighters who deserve compensation for the work they have done and the exposures that they have had.

Some of the design elements were also unclear in the bill. In summary, there are 1 076 professional firefighters in WA. However, some suggestions have been made that volunteers should be included. Senator Back recommended that in the Senate inquiry. The federal inquiry's adoption of this same matter in firefighter cancer legislation is really interesting. The original bill looked at seven cancers—brain, bladder, kidney, non-Hodgkin's lymphoma, leukaemia, breast and testicular. It is interesting that oesophageal cancer was not included. We need to get this right. It is really important we look at these types of cancer, the scientific evidence for them, and of course the qualifying periods. By "the qualifying periods" I mean the exposure over time, whether that be five, 10, 15 or 25 years of exposure, and what that time quotient means to the risk of developing cancer. There is work to be done in that area.

It was really interesting to see WorkCover WA's view that there was inconclusive scientific evidence at this stage and that the government should allow the compulsory regulatory impact assessment process to provide further clarity on the issue—and of course the very well structured Monash University study. There are also some issues around premium and cost impacts. It is difficult to estimate the premium impacts on the WA scheme. No data has been presented on the incidence of cancer in Western Australian firefighters. It is not clear whether the full cost will be met by the Fire and Emergency Services Authority via its workers' compensation premiums. I very much support the concept, brought home to us by the recent death of Grant Cowper and his work as a career firefighter, but this bill jumps the gun. We need to look at the results of the study. We need to do this in a very targeted way so that we hit the mark and compensate those deserving people whose work produces an increased risk and produces a number of cancers, which should be listed in a schedule. I mentioned that it could well be that a firefighter has done his qualifying period—interestingly, the qualifying periods are varied in the member for Girrawheen's bill. There are different qualifying periods for different cancers: primary site brain is five years; primary site bladder is 15 years—that is, the time of exposure; and primary site kidney and non-Hodgkin's lymphoma is 15 years, and so on. Primary site oesophageal cancer is 25 years.

Of course, there is the issue of how much exposure someone has had over what period of time. Someone could have been a career firefighter for 35 years, but they might have been, if you like, at the coalface fighting fires directly for five years, and they might have had other duties within that qualifying period that did not expose them to any agents. We have to deal with some of those issues around qualifying periods.

There is a general presumption in the current legislation for people who suffer a disease or condition that has involved exposure or inhalation at work, but the legislation that applies to firefighters is absent of clear and settled data specific to Australian conditions.

MR C.J. TALLENTIRE (Gosnells) [7.10 pm]: I rise to support the Workers' Compensation and Injury Management (Fair Protection for Firefighters) Amendment Bill 2012 put forward by the member for Girrawheen. I commend the member for Girrawheen on her excellent work.

I believe people who choose a dangerous career put their lives at risk and expose themselves to all kinds of dangers, such as entering a burning building without knowing the kinds of chemicals, fumes or toxic nasties being given off in the burning process. If someone puts themselves through that level of risk, I think they deserve a special kind of cover. Our firefighters undergo the most rigorous training, which should mean that they do not expose themselves unnecessarily to undue risk, but I think it goes with the job, unfortunately, that firefighters will, from time to time, find they are inhaling fumes they do not know the chemical composition of. That makes their job particularly dangerous.

In 1997 and 1998, when I did some training to be a volunteer bush fire fighter with the East Gidgegannup Volunteer Bush Fire Brigade, I can remember the relief I felt when it was made very clear to us as volunteer bush fire fighters that we were not to be involved in house fires. It struck me then how much more dangerous a situation it is to go into houses, buildings or warehouses—structural fires. People exposed to the risks that come with those increase their level of risk by an enormous factor, and that really leads me to believe that we need some special measures here.

I note the member for Eyre's comments and acknowledge his medical expertise. As a medical practitioner he is well aware of the repercussions of inhaling toxic fumes, the sorts of cancers that can be contracted and the likelihood of developing those cancers. The member for Eyre is well aware of and understands those things, but he and I disagree on the approach to be taken. I believe that if someone has worked in firefighting and contracted a particular illness, we have to begin with the understanding that they may have contracted it through their employment. We have to give them the benefit of the doubt for a number of very good reasons. I do not think it is fair to impose a heavy legal procedure on someone, on top of tackling all the challenges that go with a serious medical complaint and having to go through all kinds of cancer treatments—chemotherapy, radiotherapy; all sorts of things. We should not be exacerbating that person's circumstances by requiring them to go through the onerous legal process of proving they acquired the medical condition through work, while fighting for their life. They should not be forced into that situation. I think we have the experience to know that if someone has worked in those dangerous areas, in all likelihood it is perhaps because of their work, and therefore it should fall on the employer to actually determine whether the illness was contracted through their work. Put the onus of responsibility back onto someone other than the person fighting a serious illness.

In concluding, I want to express my condolences to the member for Murray-Wellington on the loss of his brother. It is a sad coincidence that we are talking about legislation relevant to firefighters. I think this is very necessary legislation; we should not be traumatising people any more. If they have suffered because of their work we should not then be putting them through some sort of legal treadmill—sometimes it is described as a legal nightmare—to prove their case. I am very pleased to support this legislation.

MR J.C. KOBELKE (Balcatta) [7.16 pm]: I have had the privilege of being the minister who looked after the Fire and Emergency Services Authority, which gave me a better insight into the important role played by our firefighters. It was certainly a privilege to have a responsibility in this area and to see the wonderful work done by our fire and emergency services people, particularly our career firefighters. They are very professional, and they make a huge commitment to training to be able to carry out their role effectively and efficiently. As well as fighting fires, their role involves going to accidents and cleaning up the mess because there might be a fire risk, or extracting people from the mangled wrecks on our roads. They put themselves in risky situations quite regularly. Clearly, their training prepares them to minimise personal risk and provide support to members of the community—people in a dire circumstance—at minimum risk to themselves. But there is always an element of risk, and on occasion firefighters will jeopardise their own personal wellbeing while performing their duty, even though there are fairly stringent health and safety regulations and procedures to try to minimise that. They have a very challenging job and spend a lot of time preparing for it, but there are moments when they have to act and make split-second decisions in order to save lives, which, on occasion, will put them at risk.

We are also very much aware that the circumstances in which they do their work mean they are at risk from smoke from fires. Although they wear protective covering over their whole body and use breathing apparatus, the nature of modern buildings is that they contain a lot of plastics. When those plastics burn, ignite, or in some cases are just exposed to a higher temperature, they emit known carcinogens. Firefighters work in environments where there is a real risk of getting cancer. My understanding from the evidence I have seen is that this is well established. If they work for long enough, the chance rises that they will actually have one of these cancers. I do not think there is any doubt about that. Despite their very best efforts to guard their own health and safety, including wearing the protective gear that is available, the fact that they are in that environment, even though they may have gone through a wash-down procedure, means that there is always the chance that they are going to have a higher level of exposure to these carcinogens than people in the normal community.

Some of these cancers may develop very quickly; others may take a long period of time. I use the example of asbestos-based cancers. WA is a leader in this area in terms of the research and medical treatment of victims of asbestos diseases. It is a chronic problem. We have something of a shameful history with our asbestos mine in Wittenoom and the use of asbestos through a whole range of products over decades. We have exposed so many people to asbestos with the result that they have got asbestos diseases. The key element I want to use from this example is that many of the asbestos-based cancers have an extremely long latency period. The person may actually die of the disease that is caused by asbestos, but the death might be 20, 30 or 40 years after exposure to the asbestos. From the early 1980s onwards, there has been a whole range of legislation to try to give some sort of fairness to these victims of asbestos-based cancers.

One of the key things that has been placed into legislation for quite some years is the provision that if a person is the victim of asbestos-caused disease, they do not have to prove that they got the asbestos at a particular location from a particular cause. Quite often, by the time the disease is diagnosed, it is very difficult to trace back whether it was employer A, B or C, all of whom caused that worker to have exposure to asbestos. If they had to go back and actually designate the specific time and the specific employer, they simply may not be able to do that because it is years later that they suffer the effects of asbestos cancer. So we have put into our workers' compensation legislation an element of presumption that, if the disease is diagnosed as being caused by the asbestos, the person has the right to make a claim. That is a parallel that we need to look at when we look to providing the proper support for our firefighters. They deserve our support in these circumstances.

People might say that we need to do more research, that we need to know to a certain level of confidence that these diseases are really caused by a firefighter's exposure to fires and the gases contained in those fires due to plastics and other substances that might be burnt. We have seen from the evidence in Canada and the many jurisdictions that have this type of legislation—I understand it has also moved into some states in the United States—that the number of claims is not blowing out. There is a very sound scientific basis for saying that if firefighters come down with certain diseases after serving for designated periods of time at the forefront of fighting fires and are exposed to those environmental elements, they do have an increased risk. Of course it is statistical. It does not mean that we can say that every firefighter actually got that cancer because of his work, but we get to a level of confidence at which we know that for most firefighters who have those diseases after serving for so many years at the forefront of fighting fires there is a very high probability that had they not been fighting those fires they would not have got the disease. Someone cannot say, "Look; let's put it off and put it off until we get more and more proof." A parallel would be the effect of tobacco. For years and years, the tobacco industry and the people they paid came out said, "You can't show the causal link." It took decades and decades of people smoking and dying before finally there was an acceptance that smoking was the cause of people's disease that caused death. There is no doubt about it.

Firefighters should not have to wait another five or 10 years so that the proof is absolutely conclusive and so that no-one can find there might be just some little chink in the armour—some little statistical aberration that someone could use to say firefighters should not get this support. They need this support. We should be giving them this support to make sure that we understand the risks they take and that we respect and value the important job they do—and that they do it on behalf of the public. If one of their members comes down with one of these cancers, it should be accepted that it is work related. Let us not haggle over it and say for 90 per cent of firefighters it is work related and it is not for 10 per cent. That is not an approach we can take. We have to take the approach that the evidence is there that firefighters exposed for a given period have an increased risk of incurring one of these cancers. I believe that is irrefutable. I do not think it is appropriate for us to argue, "Well, is it in 90 per cent of cases that you are sure? Is it in 80 per cent of cases that you are sure? Is it in 70 per cent of cases that you are sure?" To me, that is not an acceptable argument. The situation is that it is clearly proven to my satisfaction, and I believe to anyone who goes through the data, that firefighters exposed for a given period have an increased incidence of these cancers. Therefore, we have to act and provide that support.

We can then start to look at the details of the cancers and the length of exposure that is needed to contract them. The member for Girrawheen has done a lot of work on this and is proposing to put in the schedule of the bill the

actual limits, which I believe have been very well researched. But of course it is up to the government, if it says it is not sure of it, to move the amounts a little bit. I would like to go through schedule 3 and put on record the actual amounts. In the case of a primary site brain cancer, there is a qualifying period of five years for an active firefighter involved in those environments. In the case of a primary site bladder cancer, a person would have to be doing the job for 15 years. It is not like someone who came in and did a desk job and spent one or two years can claim that, because they had a primary site bladder cancer, they are able to qualify for the provisions under this bill. That is not the case. We are saying it is 15 years' active service in the area. Similarly, for primary site kidney cancer and primary non-Hodgkin lymphoma, the qualifying period is 15 years, as it is for multiple myeloma, primary site prostate cancer, primary site ureter cancer and primary site colorectal cancer. A person is required have been doing the job for 15 years to have the provisions of this bill apply to them.

In the case of primary leukaemia it is five years; for primary site breast cancer, it is 10 years; for primary site testicular cancer, it is 10 years; and for primary site oesophageal cancer, it is 25 years. It allows that other diseases can have periods ascribed for them, so clearly as scientific data becomes clearer on other types of cancers, they could be included in the legislation. The challenge, I believe, for the government is, if it thinks these figures are wrong, to come back with amendments. But let us not put off acknowledging the fact that our firefighters deserve this support. They need to know that when they are out there protecting people, saving people, looking after our property, as well as saving lives, the risks they take are valued and respected. The data is there about the incidence of disease with our firefighters. They should not then have to go through a lengthy legal process to establish that the cause of their illness and possibly their premature death is due to the job they were doing.

To require a firefighter who has given 10, 15 or 20 years of service to protecting the community and saving lives and property to go through a lengthy court process adds insult to injury. The process involves medical tests, preparing medical evidence and accessing legal advice; the process becomes dragged out. We know through our experience with asbestos cases that quite often the response of insurers is to use delaying actions to drag out the process. With asbestos diseases, if an insurer could drag it out until a person died, they did not have to pay up. If a case was started, the insurer could drag it out until the person died and the claim did not flow through to the estate of the dead worker. When I was a minister in the government, we brought in legislation so that even if the person died, the estate could still make the claim. The grieving spouse, the widow, could still get the claim that was made. That put pressure back on the insurers to not drag out the process and not have injured workers, who may be in terminal states, have court matters hanging over them in the last months of their life. As the claim could continue, the insurers did not have the same incentive to drag out the matter. They knew that they would still have to deal with the case regardless of whether the person died. We should not have that with firefighters. Firefighters do not have legislation that gives them a presumptive clause so that if they meet the specific criteria set, it is accepted that the cause of their disease or cancer is related to their work. Under this bill there are certain criteria that firefighters have to meet; they need a clear diagnosis of the cancer and to establish the time they worked as active firefighters. That is easily done. Once they have done that, if they meet the criteria, it is presumed that the cancer is related to their work and a claim can be made.

It simply makes good sense to get rid of all the legal costs and the angst and pain caused by dragged-out legal procedures and to recognise and respect the rights of these very important workers in our community, our firefighters. If one of their members is unfortunate enough to succumb to one of these diseases, we need to look after them. We should not shun them or start legal procedures to make it difficult for them. We should seek to protect their right to seek a compensation payment because they are suffering a disease that is work related. As I said, the government might want to look over the numbers a bit and be a bit more precautionary. Let us not keep putting off this legislation as we have done in other areas. It is time that we took action to provide this support for our firefighters and the wonderful job that they do.

Like other members, I also offer my condolences to the member for Murray–Wellington, whose brother was a well-known firefighter. I certainly knew him. I did not know him well when I was the minister, but he was a man who was very much respected. We share some of the member for Murray–Wellington's grief on the passing of his brother. I do not know whether his case is one that would meet these criteria. I do not know the details, so I will not enter into that. But I am sure the people who worked alongside him are also grieving his loss and thinking about the risks that firefighters face. Of course, some firefighters contract a range of diseases that are not related to their work, but when there is sound scientific evidence that amongst firefighters there is a very high incidence of the diseases that I went through, we really have to acknowledge that and give them the support they need.

We also need to take into account that the training and the actions that firefighters take to prepare themselves to work in these challenging and strenuous environments mean that firefighters are usually very fit, young people. To qualify to become a career firefighter, people have to go through quite rigorous testing. Therefore, it is well

established that the general level of health among our firefighters is quite high and well above the average. The higher incidence of these diseases in people with a higher level of fitness and wellness than the public generally has is a further signal that something here is very wrong. We would not expect that people who put in so much training, making sure they are fit and healthy so that they can do their job, would have really high incidence of some of those diseases—well above what we would expect. The data is there. Passing this legislation is something that this Parliament can do to right a wrong. This legislation will make sure that when firefighters contract these diseases, they are not simply put out there to prove their cases. The legal action in these matters should not drag on and on. This would provide an expedited process. In some respects that saves money. People would not have these long legal battles with all the legal fees involved. It is not as though it will be a huge cost. The conditions are quite precautionary. We would get rid of the legal costs and help these people get payments so that they can get on with their recovery. If the condition is terminal, their family would know in those last weeks and months that they will have a bit of financial security out of this. Then they can get on with the grieving process, if that is the unfortunate result, and not be caught up with unnecessary legal wrangles to try to determine a just right for a firefighter who has succumbed to a disease caused by the work they have done on behalf of our community.

MR M. MCGOWAN (Rockingham — Leader of the Opposition) [7.36 pm]: I rise to make some remarks in support of the Workers' Compensation and Injury Management (Fair Protection for Firefighters) Amendment Bill 2012. At the outset, this legislation is very clever and it takes account of the needs of a group of people whom this Parliament, the government and people of Western Australia should support. The member for Girrawheen has introduced this legislation based upon some examination of these issues around the world. If we read her second reading speech, we will find that she has examined in detail what occurs in the United States and Canada, where they have passed legislation of this nature to support firefighters in those communities. Australia has generally had a better record of supporting workers in our community than has the United States of America. The legislative instruments, the rules and the general ethos of supporting employees in our society have always been stronger in this country than they have been in the United States of America. However, we find that in the United States laws are in place to protect firefighters and give them some security if they suffer from serious cancer-related illnesses and to ensure that if they pass away, they are supported in the circumstance that —

[Quorum formed.]

Mr M. McGOWAN: As I was saying, in Australia we have a long tradition of being more supportive of our employees than has been the case in the United States of America. That is a commonly held view in this state. However, the United States is actually ahead of us in this area. Our firefighters are people we should value and hold in high regard for the role they play in our community. There are some jobs in our society that are inherently dangerous, for which people voluntarily put themselves in harm's way. The police are one example; firefighters are another, and there are others out there. But there are few jobs in the nature of firefighting in our society. Firefighters put themselves in harm's way and when they go to work in the morning there is literally the possibility that they will not come home that night as a result of their employment. As everyone knows, they go into dangerous situations and undertake dangerous activities, all in the line of protecting people and property in our community. We have a large firefighting group in this state; I think there are around 1 000 or so firefighters in Western Australia. I met a number of them with the member for Girrawheen when she proposed the Workers' Compensation and Injury Management (Fair Protection for Firefighters) Amendment Bill 2012 and they were, to a person, very supportive of what is involved in this legislation.

Anyone who has seen a major fire, as I have, will know that the smoke and fumes generated form a dangerous cocktail of substances and chemicals. If people inhale that cocktail, it is naturally not what the human body was designed to do, and we know that cancers can be caused by chemicals and toxins and combinations of those things. We know that is the case. What is proposed in this legislation is that if people are firefighters and are therefore by definition regularly involved with such toxins and chemicals, there will be a rebuttable presumption that if they acquire certain sorts of cancer, they will be compensable under our workers' compensation system. It is reversing the onus of proof, in effect. Instead of a firefighter having to prove that particular types of smoke, fumes or chemicals on a particular day caused cancer, they can say, "I've worked in the force for a certain amount of time; I have acquired a certain sort of cancer. It is presumed that that cancer was caused by my employment". That would save everyone a lot of trouble.

This legislation would apply to only a very few people. As the member for Balcatta said, firefighters, male or female, are usually relatively young and relatively fit people. In fact, I would go so far as to say that it is one of the fittest occupations one could ever come across in our community. Being relatively young and relatively fit, it is not a group of people that one would ordinarily associate with a high incidence of illness; however, because of their employment and the things they do, there is the prospect that they will acquire these very dangerous illnesses and cancers, many of which are lethal. All we are saying is that for those very few people in that

community of roughly 1 000 firefighters who acquire one of those cancers, it should be a presumption that it was work related; that may be only one or two people a year. That is all this legislation is. It is just saying to our firefighters, “We value you and we value your families, and because you undertake a very dangerous role within our society that puts you in harm’s way, we as a Parliament and a community will offer you that small degree of protection”, the same as they do in the United States and Canada.

This legislation will not come to a vote tonight. The opposition was hoping for support from the government; we were hoping for support from the National Party. However, it appears from our soundings that neither body is going to support this legislation. I think it is very disappointing that the member for Girrawheen moved this legislation back on 29 February, yet the government has failed to either indicate its support for the legislation or bring in its own legislation to deal with this issue. There are important issues in Western Australia that need to be dealt with, yet it seems to be an ongoing theme that the government either does not have the wherewithal to bring forward legislation to deal with those issues, or the courage to support legislation provided by the opposition, or simply does not support dealing with those issues, or is internally divided and cannot muster the numbers in the house to pass legislation that it regards as important. The opposition actually regards this issue as important; we regard the issue of out-of-control parties as important; we regard the issue of novice drivers as important. We regard all those things as important issues, and this one in particular. This legislation has been available for debate and to be passed since February; the government could have drafted its own legislation, considering that this is a very simple and straightforward bill. It has been around for eight or so months, since February, yet the government has not generated any of its own legislation to deal with this issue. I find it very disappointing that the government has either been unable to do that or has declined to do that. The template is here, provided by the member for Girrawheen. It may well be that because the opposition suggested the legislation, the government has decided it will not support it. It is a good idea, and it does not matter who comes up with a good idea. If it is a good idea, it is a good idea, and the government should have said it was going to support it, or at least brought forward its own legislation to support it.

I can foresee what will happen; during the election campaign the Premier will make an announcement that, lo and behold, “We’re going to bring forward legislation to protect firefighters”. The government has had all year to vote for a bill that would have allowed that to happen and it has not done so. This bill is the Labor Party’s commitment to firefighters in Western Australia, and firefighters in Western Australia need to know that WA Labor has supported them all year on this important issue and has brought forward legislation to deal with their concerns and the concerns of their families, who may lose a loved one as a result of their employment. We do not want to put anyone through the harshness and horror of proving their case when they are suffering from a potentially lethal cancer, and we all know what that involves: chemotherapy, radiotherapy and all those horrible things that families have to go through. We are saying to firefighters in Western Australia, “We’re on your side. You perform a dangerous role and you deserve to have someone on your side, and WA Labor is on your side. What’s more, we’ve got the bill here to prove that we’re on your side”.

It is shameful, in my view, that the National Party and some of the Independents will not cross the floor to support Labor on this, so we are not going to take this to a vote tonight because we do not want to see firefighters being let down by this Parliament—by the government, the National Party and some of the Independents. We do not want to see that. We know that the Liberal Party is going to let the firefighters down, but we do not want to see this issue die in this Parliament, and we do not want to send a message to other states that this important legislation that is meaningful and worthwhile can be defeated; it would be a blow to the morale of firefighters around the country, a blow to the morale of those campaigning on this issue, and a blow to the morale of firefighters’ families.

I have met some of the families involved; I met a woman, Mrs Reid, whose husband died. He was a young man, in his 40s, and he died as a consequence of a horrible cancer; he went through chemotherapy and other forms of treatment for it. He was a young, very fit man in his 40s. His wife has campaigned for this because she knows what he did in his employment for 20 years, breathing in toxic gases and fumes. I want members of the government to understand that there are women and men in WA whose partners are out there undertaking this role, and that by not supporting this legislation, the government is not supporting those people. Mrs Reid is a case in point.

MS J.M. FREEMAN (Nollamara) [7.48 pm]: I also rise to support the Workers’ Compensation and Injury Management (Fair Protection for Firefighters) Amendment Bill 2012. I also offer my condolences to the Minister for Police and the member for Murray–Wellington. It must be a very stressful and difficult time for him. One of the questions will be about the contribution of his working life to that, but we are here for the more general issue of how people deal with knowing that their workplace has contributed to their injury, but it is difficult to pinpoint the time and date. My experience is that often people feel very strongly that a repetitive injury or an injury to their back was caused by the nature of their work. They then have to go through the horrible process of proving that.

One of the issues about workers' compensation, or for any illness for that matter, is that the added stress of having to prove that the person is ill and that the illness was caused by the person's work compounds the person's injury or illness. It is important that a person's workers' compensation is accepted so that the financial stress does not compound the health issues that the person faces. That is even more so the case when we look at the studies done into cancer and people's ability to respond well to treatment and get a positive outcome. People do not want the added financial stress of weekly workers' compensation and medical bills, which are very expensive, not being accepted. That would be much more distressing for a firefighter. Firefighters accept that their occupation involves serving the people, providing a public service and committing to being someone who wants to achieve the best for the community and make sure that the community is safe. We can always rely on those people. Many firefighters would have seen the reports showing that they have a greater risk of contracting cancer because of their exposure to the fumes and many toxins they come into contact with. Currently, they must identify a particular source, carcinogen or toxin that they were exposed to. They have to go to a doctor and get a doctor's report. That can be a very lengthy process in just the workers' compensation system. I am not even talking about what it is like to go down the common law route; I am talking about getting workers' compensation under what is supposed to be a no-fault system.

It is important that we talk tonight about reversing that process so that we acknowledge the evidence before us that was presented to the Senate inquiry, and the evidence presented to the American and Canadian authorities, which made a determination to reverse the onus. It is important also to enable workers to show that they have been exposed to certain hazards and contracted an illness listed in the bill and to make a workers' compensation claim. Having been in this situation, I know that often employers are the meat in the sandwich because the insurers do not want to accept liability. The insurers want to argue the case or have a smart argument about how the matter is to proceed. Because of the way insurance premiums work, the insurers stand in the shoes of the employer. Under the state government, insurers are technically self-insured and are deemed to be capable, as employers, to make determinations about the cases before them. Unfortunately, the reality is quite different. We can argue the semantics and have differences of opinion on and debates about causality, periods of exposure and aspects of the illness. The worker is then caught up in a situation that is detrimental to the worker's health and wellbeing in addition to dealing with an illness for which there is evidence that it was likely, most likely or absolutely caused by exposure to hazards as a firefighter. On that basis, we heard today in the debate about hospital fees the member for Bateman say that the State Solicitor's Office has one view and the Joint Standing Committee on Delegated Legislation has a different view about what is a tax and what is a charge. Can members imagine the number of differences of opinion when talking about someone's health when an insurer has been advised by the State Solicitor's Office about certain causal factors, exposure times or aspects about how a claim has been lodged, and the worker's advocate has a different interpretation? Those things are detrimental to what we are trying to achieve for these workers, which is the acknowledgement that their health is important to us.

When firefighters fight fires, they need to know that we acknowledge that their health is important to us. Firefighters place themselves at a greater risk of contracting an illness than the general population. The member for Girrawheen said that firefighters have a fivefold risk of contracting leukaemia compared with the general population. That is pretty damning and is a serious risk for a worker to take. We are asking those workers to take risks and place themselves in danger for our safety. We are asking them to risk their safety for us. We are asking them to do these difficult tasks so that they can protect us from fire and other hazards. If they do that and they suffer adverse consequences, which we do not want them to suffer, because they are five times more likely to suffer than the general population, they need to know that they will be properly compensated and their financial security will not be undermined because they were carrying out the day-to-day duties required of them. That is about the reversal of onus. I probably have not been paying as much attention to this bill as I should have, given my background in workers' compensation, but the member for Girrawheen has been enormously conservative about how she has established this. We are not this conservative in how we accept claims for asbestos and mesothelioma. If someone can show they were exposed to asbestos and have contracted mesothelioma, there is a reverse onus. The employers have to show that the work did not cause the worker's illness. Under this legislation, a person has to show that he suffers from a certain disease, and the list is limited. I understand that has been done on the basis of research that has been done well. The person has to show that before the disease was sustained they were employed as a firefighter during the qualifying period relating to that disease. The member for Balcatta went through that. That is pretty conservative. I said to the member for Girrawheen that I would check it out. I assumed it was saying that if a firefighter gets the disease after a latent period, he just has to show that he had some sort of exposure 15 years ago. He may have left the service. But no; a person must show that they have worked in the service for that period. This is very conservative legislation. We are taking this quite slowly in terms of our introduction. This is not someone who can show that they had some exposure and then had the disease at some later point. This says that a person must show that he has been employed as a firefighter for the qualifying period mentioned for the disease. He then has to show that he was exposed to the hazards of a fire service.

Extract from *Hansard*

[ASSEMBLY — Wednesday, 19 September 2012]

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Dr Graham Jacobs; Mr Chris Tallentire; Mr John Kobelke; Mr Mark McGowan; Ms Janine Freeman

Debate adjourned, pursuant to standing orders.