

# **EDUCATION AND HEALTH STANDING COMMITTEE**

## **INQUIRY INTO THE CAUSE AND EXTENT OF LEAD POLLUTION IN THE ESPERANCE AREA**

### **TRANSCRIPT OF EVIDENCE TAKEN AT ESPERANCE WEDNESDAY, 2 MAY 2007**

#### **SESSION FIVE**

##### **Members**

**Dr K.D. Hames (Acting Chairman)**

**Mr T.G. Stephens**

**Mrs D.J. Guise**

**Mr T.K. Waldron**

**Mr M.P. Whitely**

**Dr G.G. Jacobs**

**Mr P. Papalia**

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**Hearing commenced at 2.54 pm****REYNOLDS, MR RONALD RICHARD****Private individual, examined:**

**The ACTING CHAIRMAN:** I am going to proceed without delay. Our witness is Ron “Doc” Reynolds, who has made a submission to the committee and requested the opportunity to make a verbal presentation. This committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the house itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as contempt of Parliament. I have a series of five questions that I need you to answer for the Hansard recording. Have you completed the “Details of Witness” form?

**Mr Reynolds:** Yes, I have.

**The ACTING CHAIRMAN:** Do you understand the notes at the bottom of the form?

**Mr Reynolds:** Yes, I do.

**The ACTING CHAIRMAN:** Did you receive and read an information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

**Mr Reynolds:** Yes, I did.

**The ACTING CHAIRMAN:** Do you have any questions relating to your appearance before the committee today?

**Mr Reynolds:** No, not at this moment.

**The ACTING CHAIRMAN:** Please state your full name and the capacity in which you appear before the committee.

**Mr Reynolds:** Ronald Richard Reynolds, commonly known as “Doc” Reynolds, sitting here as a traditional owner and a leader of Aboriginal people in the Esperance community.

**The ACTING CHAIRMAN:** Thank you. We have received your submission and we are very interested to hear from you about your area of concern. Would you like to make a verbal submission to add to the submission that you have made?

**Mr Reynolds:** I would like to add another bit of paper, but reading through the material that you have just related, I am going to be giving some confidential information relating to young children and I just wanted to know whether those names can be suppressed when I give you that documentation because I read here that I can have it in camera or closed session. I would prefer it. It relates to blood tests so I just need to know about the names being suppressed, otherwise I do not want to give it out because of the fact of the confidentiality of the young kids. When you hear what I have to say, I think you will be quite startled.

**The ACTING CHAIRMAN:** Do you need to give the name of the person verbally in your presentation?

**Mr Reynolds:** I do not - well, I am not going to give the names, but I am going to give you the test results of blood samples of the individuals that have their names on them and if you cannot suppress the names, I can only relate to the individuals.

**Mr T.G. STEPHENS:** I think that will be fine. I would recommend that we receive the written document and that we suppress the names and encourage the witness not to use any names verbally.

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**The ACTING CHAIRMAN:** I think that is the best way to go. We need a resolution of the committee to do that. If you are happy not to say the name but just present the document, we will make a decision as a committee to keep that name confidential. I would much rather do that than go in camera and clear the room.

**Mr Reynolds:** That is what I would prefer. I do not want to do that. I just want to make sure that -

**The ACTING CHAIRMAN:** Members, I have a motion to keep confidential all names referred to in the submission in writing that is about to be distributed. Is everyone -

**Mr T.G. STEPHENS:** All identifying material, anything that -

**The ACTING CHAIRMAN:** Anything that may refer people to that particular individual. Is everyone happy with that? No-one opposed? No. I declare that motion carried and ask Mr Reynolds to proceed with presentation but please be sure in doing that that you do not refer to the name or any identifying words regarding that person.

**Mr Reynolds:** Okay, Mr Chairman. I will give a bit of a brief so people know where I am coming from. I have actually lived in Esperance all my life. I am one of the few, along with the member for Roe, who have actually seen the port being built back in the early sixties. Whilst I think a lot of people in the community know where I stand in regard to the lead issue, I recognise that in this inquiry I am not going to talk about past things that have happened. I think the inquiry will be able to do that, and seems to have been doing that this morning and hopefully over the next couple of days and for the duration of the inquiry. I am not going to go into that. As you will see, in my recommendations I have put a way of moving forward, mainly pertaining to the Aboriginal issues regarding the transport corridor. I will come back to this document. You mentioned this morning at various times blood lead levels, especially in infants.

**The ACTING CHAIRMAN:** In children, yes.

[3.00 pm]

**Mr Reynolds:** You can see that. In that information that you have just received, a child that is just over 12 months has a 22 reading and a child that is two and a half years old has a 20 reading. This family is a young, respected family with a very well-respected mother. She has the occasional drink but does not smoke. She has issues, just like in any normal household or home. There is no outside influence that would create a higher level within the home environment. Other family members do not have the high levels. It is a serious concern. If it were your daughter or your child or grandchild, how would you get on with these levels? When we were sitting down this morning listening to all the comments, we heard the realities of the effects that are now coming out into the community. As Dr Jacobs knows, the home is in the wind corridor, as we would say, with the south-westerly winds. It was pointed out on the map and you have seen that it is in that vicinity. The doctor went around and spoke with the mother and the father and was quite concerned. I am no expert about the concern of it, but the Aboriginal lifestyle is being outdoors, like a lot of people, and trying to get healthy foods off the environment. We are not saying that these young children were contaminated, but the point is they were exposed to high levels. They live within less than a kilometre of the railway line, so they are not that far away from the rail corridor.

My concern, which I talked about when I put my submission in, is that right from the transport corridor from the minesite to the Esperance port Aboriginal people gather and hunt food. As you would have heard from various speakers prior to me coming on board, because of the transport areas of dust are getting in there. We have bush food that is collected right in the rail corridor. I know that because I collect it myself. There are bush medicines. Due to intellectual property rights, I know the plants and the issues regarding them and that people do use one of the plants as a healing agent for cancer. That is well documented within Aboriginal circles. Whether it is mind over matter or medically proven, one does not know, but the reality of it is that it is still used today. That is also collected within the rail corridor. I am talking only of the area I am familiar with; I am

not talking about anything north. Issues were raised with me with regard to up in the Wiluna area where the more traditional people live who hunt and gather in close proximity to the minesite maybe. Has anything been done about those people? I cannot speak for and on behalf of them, but that is an issue I would like the committee to bring up, hopefully during the course of their inquiry.

I am only referring to areas pertaining to the Esperance shire and adjacent areas within the rail corridor. The recommendation that I did raise with you, Mr Chairman, and to your committee, was that an ethno-botanist be contracted to look at the residual levels of nickel dust on bush plants and how that would affect us if we ate those or used those as a bush medicine, because it would have a more devastating effect, one would assume, if we were eating them. One plant comes to mind is the warrigal or the quandong, which is a native peach that is collected by people in the Mallee areas in the north of the shire. We now know that goes all the way right up into Wiluna.

As you see there, I have got a whole lot of other issues that I have discussed. I am very concerned when I start seeing statistics like this coming out. I do not have to relate to you or to your committee the health effects that Aboriginal people face today. We do not need any more bad statistics, and this one here is just coming into it. As I said, they are the recipients of something that they were not even attracting. The mother tried to create a stable home environment, and yet an outside factor, which is seen to be overriding everything, has allowed these two young children to have these high blood lead levels. Mr Chairman and the member for Roe, I know you are both medical doctors, and I am not expert by any stretch of the imagination, but this mother is extremely worried about those levels and issues. I do not know how many others are out there. What I would encourage is to make sure that this committee basically looks into giving reassurance. I need to be able to get our people tested. I know that some of the older people have been tested, but I have not been privy to their results. To turn on its head in only four days from here to there - I might be corrected - but the date it was collected was the nineteenth and it was reported on the twenty-third, so I do not know whether that is the turnaround day from when they got the test off to when the result was given. That was done in that category.

I hear of all these other startling observations. When reports have been coming back for about 18 months, I tend to think of what is happening out there. Unless there is anything that the committee have to ask, I have other issues. The shire president did touch on one important one, and that is regarding the lead dust or lead carbonate coming out of the rail carriages near schools just north of the Esperance area. I am speaking of three schools that are within a couple of hundred metres of the railway line. If this young family lives within a kilometre of the railway line and they have this high level, I am a little concerned with what is happening on that transport corridor north of here. While that is an issue, I suppose, I know that we are only looking at the Esperance and the port area. There are other, wide-ranging issues that I think the committee needs to look at.

**The ACTING CHAIRMAN:** Thanks, Mr Reynolds. Just to let you know, on Tuesday we went along the transport corridor, in the sense that we were at the minesite talking about issues associated with lead dust at the minesite. We stopped off at Leonora to look at the loading facilities and to inspect the kiddles and, of course, we have been down here at the port. You will be aware that as a committee we are not in a position to organise things to be done, for example, the testing. We can certainly recommend as part of our report that those things be done. I am shadow Minister for Health and Aboriginal Affairs, so I certainly have a good appreciation of health problems within the Aboriginal community. You are right; we certainly do not want to add to the health problems we have already. You have made four recommendations, and I might just read those into *Hansard*, if you have no objection to my doing that.

**Mr Reynolds:** No.

**The ACTING CHAIRMAN:** The first recommendation is -

That the Esperance Port Authority appoint a senior employee with Environmental Skills to oversee all of the Port's handling of all export and import materials, and that world's best

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practises of exporting and importing of raw materials are implemented, adhered to and monitored.

Secondly -

That the Esperance Port Authority Board Members be only Esperance based people and that a person with sound environmental skills also be appointed.

They have just done that. Mr Michael Jackson, who has a long environmental and health background, has been appointed to that committee. You also recommend -

That the Esperance shire council president has an identified position on the new EPA board.

Your third recommendation is -

That the Dept. of Environment and the Health Dept. initiate urgent tests on the transport corridor, with priority be given to where schools are in close proximity to the corridor.

We are particularly interested in the escape of dust along the corridor. Having looked at what was happening in Leonora, my concerns were reduced. Having listened to some of the submissions made earlier today, my suspicions have been increased. That is just my personal view and not necessarily the view of the rest of the committee. The last recommendation is -

That the Dept.'s of Health and Environment and Conservation contract the Goldfields Land and Sea Council to engage an Ethno-Botanist to carry out sampling on bush plants that have healing qualities and are bush foods with local Traditional Owners.

I put those four recommendations into the record and invite questions from members of the committee.

[3.10 pm]

**Mrs D.J. GUISE:** Mr Reynolds, first of all, I want to say that I share your concern about these results. The little I learnt over the past few days is indeed worrying. I take it from what you have presented that you very much think that this is airborne. Can you just confirm for me that this family has no direct link at all with the port - no port employees in the family?

**Mr Reynolds:** No, as far as I can ascertain, like most of our people they like to enjoy the facilities of the port, which is the barbecue areas just adjacent. You would have seen those. They go down to the beach, which is a very safe little swimming place, as you can understand considering the age of the kids. They will not go out onto the other beaches, and, of course, the parents go there and enjoy a social activity like I suppose a lot of other people do. When they came back, she was at a loss about what she can do now, even though the doctors have pulled her through. When you have levels 10 or 11 times higher than what is normally recommended - I think five is generally the maximum, but two is the area that you look at - when you have 10, it is a very serious concern. There needs to be more information sent out there to assist people who have these high levels, because it is an unknown factor. As has been commented to me, we do not want to have another Wittenoom, where we find out in five or 10 years' time that we have all these other health problems that are coming to the fore. We do not want that situation; we want to try and find out today.

**Mrs D.J. GUISE:** First of all, does the house have water from the town water scheme? Do they have rainwater tanks? If they do, are you aware of whether any of that has been tested?

**Mr Reynolds:** No, as far as I can ascertain, they only have the town water - the tap water, the scheme water. I know of people who have had - I do not know whether they have had to do it because of other members of the household - their levels are normal, if you can say normal; it is just the two youngest ones that have come back with this level. The rest of the household is within the guidelines, but these two here it is just - it warranted a doctor going around knocking on their door to see the mother or the lady concerned or trying to help the mother and father to work through it. I

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do not know whether it can be assumed - so they would be drinking the water or if they are breastfed, which they are, the mother does not have a high level.

**Mrs D.J. GUISE:** Has the house environment itself been tested for dust?

**Mr Reynolds:** I think that has all been done. Those tests have only just come back, and so they are going through all of that testing phase to ascertain how come the babies are higher than the rest of the household, because that is the more serious concern at the moment: those high levels in those two younger siblings.

**Mrs D.J. GUISE:** Has there been any direct contact by Department of Health officials with the family?

**Mr Reynolds:** When the tests came back, the doctor went around and knocked on the door. It is unusual I suppose that a young couple that is only in their mid-20s getting a house visit from a doctor; that is quite alarming in itself, because it is not often they get a visit from a doctor. Normally, they have to go and fork out money to go and see him. There is more reluctance, if you know what I mean.

**The ACTING CHAIRMAN:** I am sure the member for Roe would do home visits.

**Dr G.G. JACOBS:** Not many lately.

**The ACTING CHAIRMAN:** Am I right in what I hear, that you are saying that the youngest of the two children is only breastfed?

**Mr Reynolds:** Yes, that is what I am led to believe. I am not there to deal with it, but that is the information. The mother's readings were - I do not think the mother was going to be back here, but they did ask her to come back at about 3.15 or 3.30 so that if there were any other questions, maybe we could have asked her, but I did not want to put her on the spot.

**The ACTING CHAIRMAN:** No, and I guess for us that is not the issue. It is concerning the levels, and just for your information, the internationally recognised level as being acceptable is a level of 10 micrograms per hundred millilitres. Ten is the accepted level, although international studies have been done to suggest that levels from one to 10 may be a problem, and we will be further investigating those reports, to see if that is correct. Certainly the Department of Health regards a level of over five as being significant and are dealing with it in terms of management. I have further questions from down there. I think the member for Bassendean was next. Is that right? I have lost track.

**Mr M.P. WHITELY:** Most of my question were asked by the member for Wanneroo, but, just very briefly, those levels are incredibly concerning and you are right to be very worried. Have you been offered any service that actually goes around to the home and identifies whether there are any potential sources? I think it is most likely that the source of contamination is the port, but has anybody offered a service to go around and look at the home and see whether there is anything peculiar about the home? Dr Jacobs was telling me last night about a girl in Victoria who suffered lead exposure from drinking directly from a tap and putting her mouth on a tap. I am just worried for these two children, that that problem needs to be looked at as well. Has that service been implemented?

**Mr Reynolds:** I think the concern they may have is that they do not know who to talk to or what procedures they have to go through to have that testing carried out. The only thing that they heard was that they could go and get blood tests done, or if you want to get your water tested, go to the shire, and you can get your water tested, but the follow-up work is what we will most probably be working through with the family to try to reduce those blood levels in the first instance. Once we get through that - we are looking at houses in close proximity, but when you look at your map you can see they are right in that corridor; so why they picked it up and other babies never picked it up, I do not know. I am not privy to other health information. Whether that can be done within that

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block - there is only one block and then a football oval, and right adjacent to the football oval is their block of land. The football oval is right close to the railway line on the rail crossing, so, you know, you are only two blocks away from it. So whether that can be done with other young families that are there, because they are all saying they are now starting to get their children tested, so they can do it within a block. Because, you know, I will go and see the doctor but there is nothing wrong with my kid but then -

**The ACTING CHAIRMAN:** Ron, can I just remind you we are going to great lengths not to identify the person, so do not give too much detail about where they live. The member for Wagin -

**Mr T.K. WALDRON:** I think my question has just about been answered by Mr Reynolds. I was just going to ask whether there are other children in that similar area of similar age who have been tested that you know of, or is that happening now because of this?

**Mr Reynolds:** I know in the culture I have two grannies - two grandchildren - and I am only talking from the Aboriginal perspective. I know there are other young families there. I know that they are going to get tested on the back of those results, because they did not think there was much of an issue, like most of us.

**The ACTING CHAIRMAN:** It would seem obvious to me that there needs to be a lot of investigation by the Department of Health about why two young children like that would get it in the absence of any levels in their parents, and, of course, there may be cultural issues associated with where you go and what the kids do that may lead to Aboriginal children being more prevalent to exposure. I am sure you will understand what some of those might be. The member for Central Kimberley-Pilbara -

**Mr T.G. STEPHENS:** Mr Reynolds, my questions takes up that theme you were talking about with the corridor and the use that the Aboriginal families make of that corridor for traditional food and for essentially bush medicines and the like. Are you suggesting that in relation to this family that would be a likely source? Would this family be drawing on that transport corridor directly?

**Mr Reynolds:** They eat within the transport corridor, but for the two young babies, they would be getting that food source from their mother or what have you. As I said they not only live there, but they have their meals right adjacent to the port. There is a barbecue facility right outside the port, and they swim in that port beach, which is right adjacent to the port office. As you know, it is a really safe place for young families to be, and that is what I alluded to earlier. What we were concerned about, with the issues that I am looking at here, was that bigger picture stuff, and this was just brought to my attention. I cannot categorically say that the bush foods and the bush medicines that have been used by Aboriginal people resulted in these two young children being infected, or whatever, with these high levels. It is the lifestyle in which Aboriginal people live. They want to be outside, close to where they can go and cook. You cannot cook a meal legally now unless you go to a barbecue. You are not allowed to light fires, so they go to areas where they can do it, and where they do light fires. It is generally out on the beaches or where they go looking for bush food. It could be within that transport corridor.

[3.20 pm]

**Mr T.G. STEPHENS:** So this could be a family that draws off the food inside the rail corridor?

**Mr Reynolds:** They are like any family, and when I talk about bush food, I am talking about kangaroos. We do not know if kangaroos are eating the residual lead dust and nickel on the ground and picking it up. No-one has done any testing of kangaroos because they are not a priority, but if we eat those and they have high lead levels, how does that affect a human being? I am no scientist, but I mean, if you are eating something that has high lead levels - but again, when you go out to get a kangaroo, you do not know which one you are going to shoot. The one you might shoot might have rocked up the other day, but another one has been there feeding constantly. So you've got those other issues and it becomes a little bit more problematic when you're trying to look at it in the

sense of trying to - like you talked about the fish earlier: you only catch one fish or you might catch one hundred others and it might be the same. With the food sources, with the young kids - I would envisage that it would be more related to the adults. I think the adults have not been tested and that is where we may start to see some other evidence start to come through.

**Mr T.G. STEPHENS:** Mr Chairman, Mr Reynolds indicated to the committee that he wanted to seek our assurance that the names of the two young children, and presumably therefore the family, would be made confidential. We are in a situation where we have also been advised that the family involved might arrive at any moment. I would hope that it was understood by anyone who draws those two pieces of information together, including and especially the media, that they could find themselves in breach of parliamentary privilege if they were to do anything to breach the undertaking of confidentiality that we have given to Mr Reynolds.

**The ACTING CHAIRMAN:** Yes, thanks member, that is a good point. When I was talking about my understanding of the Aboriginal culture, I guess I was not referring so much to the native food consumption because of the age of the children who, despite how much quandong nuts taste good, that sort of age group are not likely to eat them much. I was more referring to the barbecues by the beach, because I know that is a very common activity among Aboriginal groups and I was in fact thinking of the children of this age, who were often not on blankets but are given, I guess, a bit more freedom and independence. Perhaps eating the soil, for the little one, perhaps doing things on the beach, and I just wonder how often that family, to your knowledge, would be eating along the beach where that barbecue is? How many times a week?

**Mr Reynolds:** I could not honestly say, but they do frequent the area. Mr Chairman, you know you get a nice day in Esperance, and that is when you are going to see people down on the beach and -

**The ACTING CHAIRMAN:** Are they common, are they?

**Mr Reynolds:** It is quite often. I shouldn't say that. I think in the context it is that they go down there on a nice day or generally on the weekends. They are not there every weekend obviously, but you know, when time and that allows and you have got family. They have been living there in Esperance all their life; it is only a stone's throw from their home as it were, so it was not a long way to go to have those excellent facilities, and of course you have got a toilet right adjacent to it, so it is a very popular place for a barbecue.

**The ACTING CHAIRMAN:** We have extended our time for submissions until 25 May. It is our understanding that the health department are following up on people who have high levels, and are doing environmental assessments to see what the source may be. You said that to the best of your knowledge that they are involved. What I would like, on behalf of the committee, you to do, is to report to us in some way prior to 25 May as to what happens. Does the health department follow these particular people up properly? Is it giving them good advice? Is it trying to make a determination as to what source of contamination these children might have? I think having a particular case like that referred back to us in the future would be of great benefit so we can make some determination as to how well the health department is handling its responsibilities in relation to high lead levels. Would you be happy to do that?

**Mr Reynolds:** I was going to point out when the question was asked earlier, Mr Chair, that I thought the health department would have come out and thrown all available resources and expertise at the family. I have not heard that it did that, but if it had, I would ensure that, one, that is carried out, and two, that homes adjacent that I know that have Aboriginal people, I would hope that they would also canvass them and other families within that neighbourhood, because it is very abnormal if you get those levels, when normally it is around about five or 10 or 15. Those levels are just astronomically high.

**The ACTING CHAIRMAN:** Well, don't go and tell them that you're going to report back to us.

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**Mr Reynolds:** I will report back to you.

**The ACTING CHAIRMAN:** Keep it a secret. Do not tell anybody.

**Mr Reynolds:** I will report back to you; I will follow it up and ascertain what levels have been put in place, and then of course I will be barking at other avenues that I can normally access to make sure or to ensure. I am not going to sit and rest on my laurels and wait for it to happen and then not be seen to be moving the process along in a manner which I think is appropriate.

**The ACTING CHAIRMAN:** That goes for any other members of the public here who have any involvement with people who have lead levels: if you have any information that you would like to give us during this submission period to let us know how those things are going, it would be appreciated.

**Dr G.G. JACOBS:** Thank you, Mr Chairman. May I add that if there are any concerns about the process with the health department, please take it up with your local member. I would be happy to be involved in that. In fact, with some of the health department issues, I would just like to firstly make a comment and then just highlight to you the fact that there are certain provisions that can be made to reduce the dust ingestion, which is very likely.

As we took issue with the health department earlier about the concerns, particularly with the younger population, and it has been told to me by Brian Gulson, who was the expert here at the public forum that we had some weeks ago, if you want to see whether your population has a problem with lead toxicity, then it is very important to do a very comprehensive screen of the younger population, under five years old. In fact, if you want to be even more specific about it, and get better information, just sample the two-year-olds. The two-year-olds actually measure your environment, particularly of the lead dust fall in the backyard, along the veranda, and other surfaces, because those children have a lifestyle which is very much hand-to-mouth. They crawl around on these surfaces, and they tend to put everything in their mouths, because they test their environment by putting things in their mouths - their toys. They obviously crawl around on surfaces and ingest the lead. Of course, the lining of their gut absorbs a lot more than an adult does. If these little ones are iron-deficient, they absorb even more lead because the body seems to think it can't get iron, so it will take the lead. They are very important issues and we are going to follow those up to make sure they are being done to screen and see what sort of a problem we have in the human population. There is a need that a toxicologist, one that we have seen in Perth and interviewed and that came before this parliamentary inquiry, should be visited on these people. There should be the doctor, the public health doctor particularly, to advise us as to how, if there is a significant dust fall problem in that environ, that should be dealt with, such as clearing up surfaces. Mums actually ask me, how do they know that they can let their little child play in the backyard? Do they know that it is going to be all right when the children are crawling around in their sandpit out in the backyard, or on their toys and on their play equipment? I think it is also very important that the department of environment move along on some of that dust fall monitoring work, so that we know where the dust fall is so that we can advise people about cleaning up the environment so their little ones are safe playing out in the backyard or down at the port authority park. If you would like to take that up with me as far as the process of the health department for this particular family, I would be happy to do so. I am sure that the committee would allow me to do that.

**The ACTING CHAIRMAN:** Do we have any other questions from members? I think that concludes our questions and I just have to read to you a final statement, but first, thanks very much for making the time to put in a submission and also to come before the committee. We greatly appreciate it. I need to say that there will be a transcript. The reporters here from Hansard record everything that is said and a copy of that will be forwarded to you so that you can make corrections if there are any errors in what has been reported that you have said. If you could, have a look through that and make any corrections that you think are necessary and get it back to us within 10 days. If you do not get that back to us, then we assume that the words are correct; so if you are

happy that they are correct, you do not need to respond to us. Once again, thanks for coming here today and we look forward to hearing from you again.

**Hearing concluded at 3.32 pm**

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