

TRANSCRIPT

LEGISLATIVE COUNCIL ENVIRONMENT AND PLANNING COMMITTEE

Inquiry into the Health Impacts of Air Pollution in Victoria

Melbourne—Tuesday, 29 June 2021

(via videoconference)

MEMBERS

Ms Sonja Terpstra—Chair

Mr Clifford Hayes—Deputy Chair

Dr Matthew Bach

Ms Melina Bath

Dr Catherine Cumming

Mr Stuart Grimley

Mr Andy Meddick

Mr Cesar Melhem

Dr Samantha Ratnam

Ms Nina Taylor

PARTICIPATING MEMBERS

Ms Georgie Crozier

Mr David Davis

Dr Tien Kieu

Mrs Beverley McArthur

Mr Tim Quilty

WITNESSES

Ms Brooke McKail, Manager, Policy and Research, and

Mr Ben Latham, Policy Advisor, Victorian Council of Social Service.

The CHAIR: I declare open the Legislative Council Environment and Planning Committee's public hearing for the Inquiry into the Health Impacts of Air Pollution in Victoria. Please ensure that mobile phones have been switched to silent and that background noise is minimised.

I would like to begin this hearing by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands we are gathered on today, and pay my respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today to impart their knowledge of this issue to the committee or who are watching the broadcast of these proceedings. I would also like to welcome any members of the public who may be watching these proceedings via the live broadcast as well.

I will just take the opportunity to introduce committee members to you now appearing via Zoom. I am Sonja Terpstra. I am the Chair of the Environment and Planning Committee. I also have Dr Samantha Ratnam, Dr Catherine Cumming and Mr Cesar Melhem.

All evidence that is taken today is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded, and you will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

If I could now, just for the Hansard record, get each of you to state your name and who you are appearing on behalf of today. And perhaps, Ben, we might start with you.

Mr LATHAM: Yes, thanks. My name is Ben Latham. I am a Policy Advisor at the Victorian Council of Social Service.

The CHAIR: And Brooke.

Ms McKAIL: Thank you. Brooke McKail. I am the Policy and Research Manager at the Victorian Council of Social Service.

The CHAIR: Great. Thanks so much. And so now we will hand over to you, if you could make your opening remarks and keep them to a maximum of about 10 minutes. If we look like we are heading over time, I will give you a bit of a wind-up, but otherwise it is over to you. Thanks.

Ms McKAIL: Great. Thank you. Well, first of all, thank you so much for the opportunity to speak with you all today about an issue that really is affecting the health and wellbeing of communities across Victoria. My name is Brooke McKail. I am the Manager of Policy and Research at VCOSS, which is the peak body for Victoria's community sector. I would also like to acknowledge that I am joining today's hearing from the sovereign and unceded lands of the Ngannawal people and pay my respects to elders past and present.

So air pollution is harming Victorians' health and wellbeing, and urgent action is really required to protect the people most exposed and most susceptible to the health impacts. The issue of toxic air rears its head during emergencies, like the Black Summer bushfires, when smoke blanketed the state of Victoria and organisations struggled to provide their clients with face masks and safe spaces to shelter, or the Hazelwood mine fire, when the local community turned to Morwell Neighbourhood House and other community service organisations for reassurance and advice about keeping safe.

After that mine fire, organisations told us about the destructive impacts on their ability to provide support, and communities talked to us about their fears of long-term health impacts, the flow-on impact to their mental health and the difficulties in getting accurate, accessible and trusted information about air quality and safety. Planning for vulnerable populations needs to happen in between these emergencies so people have the information, support and capability they need to respond appropriately.

What gets even less attention than these crisis and emergency situations, however, is the daily hazard of air pollution that many communities in Victoria have to live with every day, not just smoke but poor air quality that is chronic and ongoing—areas like the Latrobe Valley in Gippsland, which is home to toxic emissions from coal-fired power stations, or suburbs in western Melbourne, where pollution from transport and industry is rife. The common thread between both these types of air pollution is inequality. 90 per cent of the burden of air pollution falls on low- to middle-income households. We know that suburbs with better air quality are more expensive, locking out poor and vulnerable Victorians. Those suburbs are further away from highways and industrial sites. They are full of parks and trees and green spaces, whereas low-income households are forced to live in cheaper suburbs in close proximity to major roads, toxic waste dumps or industrial facilities.

We also know that there is a very clear link between poverty and poor health already. People who live in poverty are more likely to have chronic health conditions and disability, putting them at greater risk from toxic air pollution. Low-income households who live in air-pollution hotspots often cannot afford the upgrades to their home, like installing an air filter or sealing leaky drafts, that would keep them safer. And then we have renters and public housing tenants, who are often stuck with whatever property they can get. Landlords have little knowledge or incentive to make homes safer when they themselves are not living there. We also urge you to think about the Victorians who face language barriers or who do not have access to the internet. How will they know how to protect themselves from smoke or understand that exposure could be harmful to their health? And finally what about people sleeping rough, who cannot just follow the advice to stay inside at home to shelter from smoke? If you do not have a safe place to shelter at home, that is really not an option available to you.

We are also interested in the issue of wood-fired heaters. I personally grew up in a regional area in one of the more than a quarter of households in regional Victorian who use wood as their main source of heating. It actually was not until relatively recently that I learned wood smoke contains toxic compounds that cause heart and lung disease. When we take Melbourne into account that is more than 220 000 households who depend on burning wood to keep warm in winter, not just as a novelty. It means that wood-fired heating is a major cause of air pollution and actually can be the primary cause of bad air quality in some areas during winter. For my family we did not know about the risks. We might have made different choices if we had, but many Victorians do not even have this choice. Low-income households might need to use wood for heating because they are not connected to the gas grid or a new heater is not affordable, and some renters just do not have the option to switch at all. Replacement programs introduced by the Victorian government are absolutely welcome, but we do worry they will not cover the full cost of decommissioning wood-fired heaters.

It is yet another thing to consider within the complex problem of air pollution. I certainly do not envy the task of this committee to propose a list of solutions to reduce its impact on health. What we would like to highlight, though, is the role of the community sector, which does its best to communicate information about smoke, to get its hand on face masks for vulnerable clients and to provide a safe place to shelter. With adequate funding and resources local organisations could better educate and reach community members about the risks of poor air quality and recommend practical steps that people could take. On top of this we also proposed in our submission a series of other ideas that we are happy to explore with you today, including keeping childcare centres and aged-care facilities away from highways and industrial sites, increasing green space in low-income suburbs and areas, investing in climate-adapted community facilities where people can take shelter from smoke and extreme heat and building and upgrading public housing stock so people can adequately shelter indoors.

Before I finish I just want to reiterate that equity should be at the forefront of all action taken. That means helping the people most exposed to air pollution, most susceptible to its health impacts and with the least resources to adapt and protect themselves. It means actively considering how any measures will close the health equity gap between low-income and other Victorians, not widen it. Thank you for your time today. We very much look forward to answering any questions you might have.

The CHAIR: Great. Thanks so much, Brooke. Dr Ratnam, question?

Dr RATNAM: Thank you so much, Brooke and Ben, for being here today and for your submission and your evidence. I think you have presented what is a critical area for this inquiry to look at, which is the unequal health outcomes of poor air quality—so air pollution—and we have heard a lot over the last day and a bit about some of the sources of it, the regulatory framework that is giving rise to these really poor air quality outcomes and health outcomes for people, but then really illustrating which communities it is affecting disproportionately, so thank you very much for that. You talked about air pollution hotspots, and I think in your submission you talk about 12 air pollution hotspots but four of those being in Victoria. You talked about the communities of the inner west which have much poorer health outcomes—heart disease, asthma, lung cancer—and I note as well an article just published in the *Guardian* this morning with a new research study which found exposure to hazardous air pollution from the Hazelwood coalmine fire has been linked to reduced lung function in people years after the 2014 fire, so it is very, very concerning. We are definitely seeing disproportionate impacts. I was interested to know about your advocacy around these matters and what you have experienced with that advocacy, so really trying to identify what are the barriers to us improving some of these outcomes. We have heard about some of the legislative changes we can make, the regulatory changes, compliance and enforcement that could improve air quality outcomes, but I am interested to know your experience of that type of advocacy with government and across the Victorian community sector organisations. What has been the experience of advocating for change? What are the barriers, do you think, for the stronger action that needs to be taken?

Ms McKAIL: Thank you. Great question. Look, I think there are a few. I think one of the challenges is that it is still not an issue that is particularly well known. I mean, I know that the community particularly in Morwell is obviously very deeply impacted by these issues and is a very strong voice for their own community, but I think more generally across the community the impacts of air pollution are not well known, and they are not particularly well known by the community sector. Because we have done a lot of work over the last several years around building the knowledge and resilience and capacity of community organisations to respond to climate change, that has really changed their ability to advocate for themselves and to work with their community to educate community members about what they can do within their own homes and environments. I think perhaps we probably have not focused so much on this issue of air pollution, and that means that community organisations and communities do not have the knowledge and information they need to elevate the issue locally, so I think that is part of it.

I think one of the other barriers is that we tend to have a lot of focus on these issues around emergency situations, so in the immediate aftermath of the Black Summer bushfires and obviously Hazelwood, but both government and the community sector then immediately kind of move on to the next challenge, and obviously in this case we moved quickly from the summer of bushfires to the COVID emergency, which meant that perhaps we have not had the time to learn the lessons of some of those disasters. We do a lot of work in emergency management and in making sure that vulnerable communities are considered in emergency management, are prepared for emergencies and are supported to recover from emergencies, but I think there is always more that we need to be doing in terms of that emergency planning, and also doing that work in between so that it is not that immediate pivot when emergencies happen. I think there is still that sort of resilience and planning work that needs to happen in between emergencies. Ben, is there anything that you wanted to add to that in terms of barriers to change?

Mr LATHAM: Yes, very similar thoughts from me as well. Thinking about VCOSS's advocacy on this, it usually spikes during emergencies, like the bushfires and like the Hazelwood mine fire, and in between that I guess it feels like that invisible problem. There is not much cut-through in the community. The community sector is really reliant on what it is funded to do and what the community prioritises, so if it is not air pollution, then they just do not quite have the resources to do that. Perhaps a barrier is something that we have seen during the pandemic, and that is access to health information. I think there are a lot of people who do not know that air pollution is dangerous, or they might, but they might not understand quite how dangerous. They also might not know how to best protect their health. I think in the pandemic we saw that people are happy to take those steps to protect themselves and their families, but they need access to that information. And if it is just online in English, it might not reach everyone it has to. So that might be one of the barriers there—making sure this information has that cut-through and is really disseminated out into communities. As Brooke said, I think we are quite biased in that we love the work that the community sector does, but that is probably an area that they could perhaps assist with—that communication barrier of getting this information out into communities.

Ms McKAIL: Just one final quick thing to add to that: I think government has not always identified equity as high a priority in climate change adaptation and mitigation as it could have, but certainly in the last

12 months Ben has been involved in every departmental or sector climate change adaptation plan to make sure that equity is a core principle and that the recommendations reflect equity and the needs of low-income and vulnerable communities. So I think we are seeing progress there, which will be one of the things that makes a difference in challenging those barriers.

Dr RATNAM: Great. Thanks so much. Happy to come back if there is more time. Thank you.

The CHAIR: Yes, sure. Thanks, Brooke, for that. I just note your point about low-income households. You may not be aware, but the Victorian government is rolling out a \$1000 rebate for low-income households to help them transition, whether it be an inefficient gas heater or a wood-fire heater, so that will help those low-income households. But the tricky situation oftentimes is people who have wood-fire heaters do not want to give them up either, so sadly, it is maybe like you are saying around that education point—it might be if you are living in the inner city and you have got a really nice heritage house with a wood fire in there, it could be tricky to maybe replace it with some other more efficient type of heater.

But I just want to talk about—and you talked about them in your submission—trees. We are talking about air quality, and we have heard throughout the inquiry the main sources of low-quality air are electricity generation, vehicles and wood heaters, but trees can also present a significant thing. We saw this with the thunderstorm asthma type event. Does VCOSS have any views about the types of trees and where they should be planted, because clearly what we learned through that thunderstorm asthma event was that where there is this high proportion of trees, and this is not the right term, but there seems to be a concentration of air that comes down and affects people disproportionately. I mean, green cover is important, because that also mitigates against things like the heat island effect. So trees, we need them, but do you have a view about when and how and what they should be, and just generally a view about air quality in terms of other pollutants as well?

Ms McKAIL: Yes, sort of. I will start by saying I am not an expert in types of trees, and I do not have a particular position on that. I also do not know the details around the impact of different types of trees on the thunderstorm asthma situation. I am happy to take that away and see if there is anything we can add.

VCOSS's position is that low-income suburbs in general have a lower proportion of green cover, and that means that people living in those suburbs often have less access to parks and green spaces, which are so important for mental health, for physical health, for opportunities to connect and to exercise and for children to play. So they have lesser access to green spaces, and we need to be focusing on building parks and accessible green spaces in low-income suburbs in particular. We know that—and Ben, you might have the details at your fingertips—a significant portion of Melburnians do not have green space within 5 kilometres of their home and that that has a real impact on their health. So our position is that green spaces need to be extended in those suburbs, but we do not have a particular position on what that looks like in terms of types of trees. I will leave that to other experts to cover. Ben, was there anything that you wanted to add to that?

Mr LATHAM: Yes. A lot of our work on green space has been in regard to physical health, mental wellbeing and then also, as you mentioned, urban hotspots. I did see some research that examined the different types of trees and their impact on heat. So I think a lot of councils are trying to optimise what they plant and where. So definitely happy to source that. I am not sure if it was also in terms of air pollution, but I suspect there might be some work out there that we can definitely source.

The CHAIR: Sure. I was just going to say that the Victorian government has funded 500 000 trees for the western suburbs, and that was a very popular announcement. I think there are some really good examples of local councils doing local work as well to try and map out how far people have access to green spaces and those sorts of things within the community.

The other point I just want to pick up on in your submission is you talk about that you would like to see an increase in the air quality monitoring sites across Victoria. So where do you think they should be, and how many? I mean, you might say there is no number, we just need more, but can you unpack what you mean by that statement?

Ms McKAIL: Yes, a little bit. Look, I think the issue is we know that the EPA does have some monitoring sites and that that data is reported. I think the issue for us is making that relevant to local communities. So that needs to be localised enough that it actually reflects the situation of local communities, so that they can access that data themselves and then respond to that information appropriately. I know that even during the smoke

crisis during the bushfires 2019–20 there were times of the day when the smoke haze was less, when it was safer to be outside, and if communities were able to access that local real-time information, then they would be able to, you know, make plans about how they hold events or when they send staff out to check on vulnerable community members. So I think for us it is about the accessibility of the information and the relevance to local communities as much as it is about how many and where they are. Ben, I do not know if you have got any more research or thoughts on that.

Mr LATHAM: Yes, I think the only thought we really had was about those really sensitive facilities with people who are probably more prone to the health impacts of air pollution. So it might be childcare centres, schools, aged-care facilities and those sorts of places. I am not sure about the logistics of rolling out so many monitoring stations, but definitely they could be situated around some of those areas where people sensitive to the impacts are. I think that could be excellent, just so if there is poor air quality that is concentrated around those facilities, they could take action throughout the day.

The CHAIR: Sure. Great. Thanks so much for that. Dr Cumming.

Dr CUMMING: Thank you, Chair. And thank you for your presentation. I am really pleased to hear someone who wants to look after our most vulnerable in our community. I thank you for actually highlighting that obviously when it comes down to poor air quality, our homeless people are obviously not getting that information. They are sleeping rough and they are not being protected from those acute pollution events.

I guess I would like to know a little bit more—or just want you to unpack a little bit more—around your submission. Obviously what could be achieved by this Victorian government is they could actually upgrade their schools. They could make recommendations and planning to make sure childcare centres have good air quality, and obviously their own aged-care facilities or medical centres and hospitals—things that are in their reach. But also they could actually extend out to the vulnerable community in the way of helping with changing of gas or wood fires. But one of the other things that I think is important is I know that in the past there has been a big push to make sure old houses are draughtproof. That was mainly for heating and cooling, for energy efficiency, but obviously when we come down to air pollution it is really important to actually be able to have draught seals and, like you just mentioned earlier, make sure that our vulnerable community has the opportunity to have or to purchase good quality air filters in their own homes, especially if they are living in areas that have high pollution or have these events.

So, yes, if you could just speak more around those opportunities that the government could possibly have, looking after our vulnerable, our elderly, our children and people at home who would need these to be equitable across the whole of Victoria—a whole-of-Victorian response; we all agree there—what things do you think the government could actually incentivise, or help, to actually roll out significant change for the health of the community?

Ms McKAIL: Yes, absolutely, and there are so many good points in there. Maybe I will start by picking up on the one about energy efficiency and housing upgrades and leaky houses. I think we refer to them in our submission. We love government policy that serves multiple purposes and that can improve people's health and wellbeing in multiple ways, and I think that example of retrofitting and making houses draft-proof and well insulated is one that will have significant benefits around protecting people when air quality is poor and also really significant benefits in terms of keeping people warm in winter and cool in summer and reducing their energy bills and providing jobs for people in a range of sectors that contribute to that. So it is a bit of a win-win-win.

There are some really great programs already that are retrofitting low-income households to sort of help them prepare and be ready for climate change and reduce their energy bills. One of the challenges—and it is a similar challenge to the one, Chair, that you mentioned in terms of the heater-replacement program and in terms of installation of solar panels—is that it is very hard to incentivise landlords to participate. So renters often struggle to participate in some of these programs, and they tend to be some of the lower income and vulnerable people in the community—our renters—which is a significant and growing proportion of the Victorian population. And that is because, I mean, for landlords there is not much in it for them, I guess. You know, they do not live in the house; they do not experience the cold or the heat or the poor air quality. So we have been working closely with different parts of government to make those programs—like the heater-replacement one and the solar panels and the energy retrofits—appropriate and to improve take-up in the renter community, but I

think that is something we need to always be thinking about and doing more in. I guess it goes back to my earliest point around how we make sure we do not widen the gap and we do not leave the poorest and most vulnerable without these kind of supports because we go for where there is the biggest bang for our buck, and one of the impacts of that can actually be widening that gap. So that was one thing I wanted to mention.

In terms of childcare and aged-care facilities I think there are two elements to that, and I am sure, Ben, you will add to this. One is in terms of planning and reviewing the planning processes around where we build new centres where vulnerable children and older people may be, and my understanding is that some of those decisions do not have to take air quality and health into account. So some review of those processes, I think, would be really welcome—noting that I am in no way a planning law expert, so again we will need to leave that to those that know a bit more about it than I do. And then I think, like Ben said, in terms of existing centres it is around upgrades, it is around the ability for them to monitor air quality in a real-time way and also easy access and affordable access to things like HEPA filters and air purifiers that can make a difference for those facilities, and also, again, just the communication element of it. I just personally am very informed in this area, but I was the chair of my children's early learning service not that far from a major road and had not thought about it. I just had not considered it. And if I had not, I suspect that most of the parent-led childcare centres across the state have also not thought about what that means, because, you know, they just have not had that easy access to information. So I think there is a public health kind of campaign that needs to sit alongside it.

Sorry, I just spoke for a long time. So, Ben, I will hand over to you now if there is anything you want to add.

Mr LATHAM: Thanks, Brooke. No, I think that is why I really do not envy the role of this committee in having to come up with some new solutions. It is such a big issue, such a big problem and I think it requires taking it from a few different angles. Perhaps the only thing I would add is the idea of climate-adapted facilities. I think when we were looking into extreme heat and the idea that heatwaves were going to become a lot more severe and a lot more frequent due to climate change, a lot of people need these cooling shelters to take refuge from the heat. When we look at these emergencies happening more often and overlapping a lot more I think if these climate-adapted facilities could also be there for bushfire smoke that would be fantastic as well. But again, I feel like it is such a big issue, and I go back again to the community sector. I think during the bushfire smoke they tried really hard to source face masks and get them out to the people who needed them, but it was difficult for them as there was such a rush on shops to get those protective masks. So perhaps resourcing the community sector could be something really useful in advance of these emergencies so during the bushfire season they are able to do that, and perhaps in these hotspots where there could be industrial fires, whether that is in western Melbourne or the Latrobe Valley, making sure that the community sector organisations in those areas are well resourced because they will know the people who are vulnerable and who would most be in need of protective gear and information about how to protect themselves.

Dr CUMMING: Maybe even local councils, Ben?

Mr LATHAM: Yes.

Dr CUMMING: You know, not just community centres. I guess we are talking about something that happened just before this pandemic, looking for masks, and now we are all very aware of what a mask can do. I guess that might be a way forward.

Ms McKAIL: Maybe just very quickly on masks, I did just want to flag one challenge that community organisations reported during that bushfire period, and that was that the types of masks that are effective in reducing the impacts of air pollution and smoke are not particularly effective, for example, for people who have facial hair, and they need their filters to be changed every few hours. If people are sleeping rough, that is a really challenging expectation to put on people that they are probably not going to be able to meet. So I think we also need to do some other thinking and scenario planning about what happens for those populations, and for children as well, where masks are actually not going to be an appropriate kind of response to poor air quality as a result of bushfire smoke. That was just something that we heard a lot around those populations, that masks may not be the answer.

The CHAIR: Great. Thank you. All right, we have got time for a second round of questions. Dr Ratnam.

Dr RATNAM: I am good for now. Thank you, Chair.

The CHAIR: Okay. Dr Cumming.

Dr CUMMING: No, I feel good. Thank you.

The CHAIR: Okay. Mr Melhem, anything?

Mr MELHEM: No, I am actually good. Thank you very much, Brooke and Ben, for excellent presentations. You have done well. Thank you very much.

The CHAIR: Okay. Well, I think that might be us done, given that we have got no questions. Thank you. Your presentation was very comprehensive, as probably you can see if we have got no questions about it—we have had them all answered. So thank you both very much your presentation and your evidence today.

Witnesses withdrew.