



**The Hon Roger Cook MLA
Deputy Premier
Minister for Health; Mental Health**

Our Ref: 60-03132

Mr Greg Hocking
For the Cockburn Stoppers Pollution Group
10 Sanderling Way
BEELIAR WA 6164

Dear Mr Hocking

Thank you for your letter of 17 July 2017 regarding air emissions from Cockburn Cement.

Please accept my apology for the delayed response. I have been advised that the Department of Health (DOH) received correspondence from your group addressed to the Director General in January this year. Unfortunately, this correspondence arrived just as the Government entered the pre-election caretaker period and the Department was unable to respond at that time. Under the Western Australian caretaker convention, the Government makes no major policy decisions or enters into agreements or arrangements that would bind a future government.

I am aware that the emissions of dust and odours have been a particular concern for residents in the vicinity of the cement plant. I am also aware that changes have been implemented at the plant resulting in reduced dust emissions.

Plant operations and emissions are licensed by the Department of Water and Environmental Regulation (DWER) and a new licence issued to Cockburn Cement Limited (CCL) imposes stricter restrictions on emissions, as well as more extensive emission monitoring. As you know, the licence is currently under appeal.

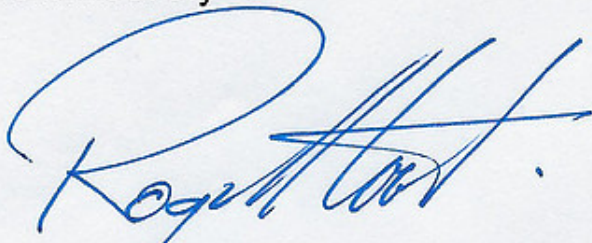
Regarding your request for a longitudinal epidemiological study to investigate potential health effects of emissions from CCL, there is good evidence that particulate matter, or dust, and other air pollutants can cause adverse health effects. It is important, therefore, that emissions from sources, such as CCL, are minimised, so as to reduce the impact on the local air quality; this is the intent of the DWER licence conditions. I have taken advice from epidemiological experts in the Environmental Health Directorate (EHD) that a longitudinal health study is unlikely to provide any certainty about potential health effects resulting from emissions from CCL, and may indeed create a level of uncertainty.

This is due to difficulties in identifying CCL emissions as the major source of exposure, the length of time it can take for some chronic health conditions to develop, and a relatively small population size, which limits the power of such a study to observe an effect, even if an effect is present. Furthermore, despite its limitations, the lack of findings of either acute irritant or chronic respiratory conditions in the previous health study also contributes to the conclusion that another study is unlikely to provide definitive answers. You may wish to discuss this with an epidemiologist in order to obtain independent advice.

I note the attached emails from residents potentially affected by emissions from CCL. I would encourage those residents to visit their GP and request the GP report these to a public health physician at the DOH if they believe that the symptoms are consistent with exposures. This may provide impetus for further investigation.

Thank you for bringing this matter to my attention. The DOH will continue to consult with the DWER on CCL emissions and compliance with the licence as required. I trust the information provided is of assistance to you.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Roger Cook', is written over a white background.

HON ROGER COOK MLA
DEPUTY PREMIER
MINISTER FOR HEALTH; MENTAL HEALTH

28 AUG 2017