

Tabled by Kearney #1
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Parliamentary Inquiry into the Cross City & Lane Cove Tunnels

Friday, 16 June 2006

Statement by Dr Ray Kearney, Chairman of the Lane Cove Tunnel Action Group Inc (LCTAG) and a representative of Groups Against Stack Pollution (GASP)

Mr Chairman and Honourable Members of the Committee,

The RTA, the only authority in NSW to regulate and manage roads, has formed alliances with the corporate stakeholders to augment wealth and profit by shifting costs of associated health impacts to the community – the taxpayers. Human health costs do not appear on any corporate balance sheet.

The engineering achievements in the construction of the Lane Cove Tunnel are very praiseworthy. However, the trade-off in this Public-Private Partnership, according to the Dept. of Environment and Conservation (formerly the NSW EPA), is expected to be death and sickness. The most vulnerable in our society – children and the elderly as well as the developing fetus – are likely to be the most affected in the short, medium or long term. – such predicted outcomes are supported by overseas and local research.

Levels of fine particle matter, PM2.5, in Sydney's air-shed already exceed the National annual average for PM2.5 reporting standards.

Twice as many people die in Sydney from exposure to vehicle exhaust than die from road accidents. In 2005, NSW Health published two papers - one reporting adverse effects on the developing fetus of mothers exposed to Sydney's pollution and the second, the increased risk of heart attack in the elderly, confirming overseas findings.

I was in Canberra yesterday (Thursday 15 June) as an invited speaker at the Bureau of Transport and Regional Economics Colloquium to speak about 'Health Impacts of Fossil Fuels'. During discussion I was advised by Dr David Cosgrove (BTRE) that he had for years been trying to make the standards for particulates more stringent i.e., to incorporate numbers and surface area of fine particles as a measure, rather than by weight.

Similarly, Mr Robin Seeley (Assistant Director –Air Quality Section, Dept of the Environment and Heritage) expressed major concerns about the irrelevance of the current standards for particles in terms of health risk.

According to international experts - Professors Lidia Morawska and Michael Moore - of Queensland. The following link deals with their excellent review of fine and ultrafine particle pollution:

<http://www.deh.gov.au/atmosphere/airquality/publications/health-impacts/index.html>

It is highly relevant that in Section 1.3 under 'Toxicology' they make the following profound statement:

"All of the studies available to us demonstrate that the primary determinant of the effect of ultrafine particles is their number and their surface area and not the weight of particles present. This means that the traditional use of PM weight measures is inappropriate in evaluation of the likely biological effects of ultrafine particles."

The point is that weighing particulate pollution, as currently done, is inappropriate for determination of health risk. For example, one coarse PM10 particle is equivalent in weight to one BILLION PM0.01 particles but the latter has x1000 times the surface area of ONE coarse PM10. The other factor is the coarse particles are insoluble. In contrast, fine particles are soluble in the respiratory tract and release chemical carcinogens.

The current fine PM2.5 measures are for 'reporting only'. This toxic fraction representing the major portion of particulates from vehicle exhaust is already exceeding the annual average set in the NEPM of 8 micrograms per cubic metre in Sydney's airshed.

Mr Chairman, among the outcomes of the Inquiry I would like to see are:

1. The Committee to acknowledge and understand that the current measurement of particles, by weight, from the tail-pipe emissions is inappropriate for evaluating health impacts.
2. Until the RTA releases a current Traffic Management Plan, as required under the Ministers Conditions of Approval, only then will the broad community be in a far better position, than several years ago, to assess traffic impacts on the surface roads.
3. The Committee acknowledge the inappropriateness of these tunnel projects being based on two different traffic data sets. One is public and is based upon the serious underestimation of the traffic volumes that are used to present a lower health-risk analysis. The other data-set, with much higher traffic figures, is kept confidential and is applied in the Base Case Financial Models. The confidential data set e.g., for 2016, some 50% higher, is not incorporated in the air-quality modelling. (RK to Table a comparison of two data sets).
4. The Committee acknowledge that the Report by Parsons Brinckerhoff and the response Report by Dr Peter Manins tabled on 25 May 2006 at the last LCT AQCCC has not been evaluated fully by the members of the AQCCC. Such evaluation will be undertaken at the next LCT AQCCC meeting on 29 June, 2006 when both Dr Manins and the representatives of the Parsons Brinckerhoff will be present to address questions. (RK to Table letter of request).

Mr Chairman, every human being has the inherent right to life. I believe the State has a duty to deliver the essentials of life to people so that they should live a normal healthy life. In the context of these tunnels, the NSW Government and the relevant bureaucratic authorities have failed to deliver.

Other matters:

The LCT contract was signed in November/December 2003.

- The RTA rejected all tenders that incorporated filtration, declaring them "non-compliant." This appears unlawful and should be tested. Despite RTA's positive findings about tunnel filtration in Japan, prior to signing the contract, they evidently failed to incorporate a financial contingency for filtration in the contract with the successful bidder. In the event of an exceedance of air-quality standards due to stack pollutants a formal decision was made on 25 May 2006 at the LCT AQCCC that rather than install filtration, the RTA and its co-partner, the tunnel company (Connector Motorways) would respond by increasing the exhaust fan speed from the stacks.
- Integral to the contract, the RTA deemed the subsequent proposed modifications to the ventilation system as "consistent" with the Ministers Conditions of Approval and did not notify the NSW EPA or NSW Health. Nor was the public informed. The deletion of the 3rd tunnel, some 1650m in length, saved the LCT Company (Connector Motorways) \$60 million i.e., a cost that would easily pay for installation of in-tunnel filtration and gas detoxification.
- Not until some 6 months (in breach of the 90-day limit) after the change to the design took place did the RTA reluctantly disclose, after pressure from Lane Cove Council (LCC) and LCTAG, that the 3rd ventilation tunnel was deleted. This change in design would increase toxic fumes from the western stack, about 400 m from a primary school.
- A supplementary EIS was not undertaken. This provoked a protest letter from the Director General Lisa Corbyn (NSW EPA) to Paul Forward (CEO, RTA), as disclosed in documents tabled under a Parliamentary Order.
- I believe both the RTA and the LCT builder (TJH) appear to have deliberately manipulated evidence, data and analysis, in a way designed to maintain secrecy, and to produce favourable conditions for TJH at material, political and financial levels.

- It can be argued that the RTA has failed to exercise 'due diligence' by wilfully and negligently allowing increased risk of injury and adverse impacts on health through unfiltered toxic exhaust from stacks, by the deletion of the 3rd ventilation tunnel. The RTA knew that adverse impacts on health and well-being could be prevented or ameliorated by the installation of in-tunnel filtration and detoxification systems.
- The current health study on children and adults in the precincts of the LCT stacks, like the M5 East Health Study, is flawed and will produce a negative finding. The Health Minister the Hon John Hatzistergos was reported as saying: "*The study aimed to put to rest concerns about tunnel emissions.*" (*Daily Telegraph*, 14 May p13). Has NSW Health been given a ministerial brief for a pre-determined outcome?
- The imperative to reduce obvious costs, to augment profit, has resulted in minimizing investment in technologies, circumventing the Charter of the NSW EPA that relates to minimizing health hazards in the air environment, and failing to implement 'voluntary' safety and health standards in accordance with the 'Precautionary Principle'.
- The RTA and the LCT Company (Connector Motorways) have consistently refused to disclose the volumes of traffic on which the air-quality modelling is based, claiming 'Commercial-in-Confidence' i.e., an unconscionable ruse to cover up the real impacts. Such data have now been disclosed in documents for which privilege was denied. We are appalled by these figures. Two data sets are used. One with underestimated traffic volumes to minimise health impact analyses. The other, some 50% higher to serves the financial reward structure that is withheld from the community. For 2016, while the RTA EIS traffic projections are 119,805vpd, however, in the Base Case Financial Modelling of the LCTC (Connector Motorways) the traffic numbers are 159,500 vpd (previously confidential).
- Finally Mr Chairman, put squarely, it seems in this corporate alliance that it is cheaper and more profitable to allow people to suffer death and illness at cost to the community. That is the trade-off! To exhaust known toxic fumes out of the stacks, even at a faster rate in the event of exceedances, than to install proven safety equipment such as in-tunnel filtration is, we believe, tantamount to 'criminal negligence'.

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