

**Submission
No 191**

**INQUIRY INTO IMPACT OF THE WESTCONNEX
PROJECT**

Name: Mrs Sally Hardy

Date Received: 30 August 2018

I wish to state I oppose the whole West CONnex Project, it is a waste of money, it is tearing communities apart, it is destroying heritage & the health impacts on the whole of the city in the future are immeasurable. It is my hope this inquiry will get to the bottom of the corruption and hold to account those in Government who forced this project through and those influencers and lobbyists who were party to this corrupt process.

My submission is relevant to:

(c) any other related impacts:

I wish to draw the attention of the inquiry to the proposed unfiltered pollution stacks & use of the longitudinal ventilation method in the tunnels which will raise the level of pollution across the city as a whole and not to mention in pockets at the exit portals & the air above the stacks.

Are you aware that Air pollution is the World's No. 1 Killer!

There is no safe limit to exposure to particulate matter (PM) pollution of 2.5 microns and less, motor vehicular pollution accounts for 14% of particulate pollution of 2.5 microns and less (Dr Sujata Allan, Doctors for the Environment, Public Address Balmain 2016)

These microns are so small they can pass through lung walls & into the blood stream, travelling throughout the body, including to the brain.

These microns are classified as Group 1 Carcinogens and include Sulphate, Nitrates, Ammonia, Sodium Chloride, Black carbon & mineral dust. In comparison other Group 1 Carcinogens include Asbestos, Tobacco Smoke, Benzene & Diesel Exhaust. (IARD & WHO)

Particulate matter is linked to Asthma, Lung Disease, Cancer, Stroke & higher rates of doctor visits with other health issues.

Sources of PM include combustion engines (both diesel and petrol), solid-fuel (coal, lignite, heavy oil and biomass) combustion for energy production in households and industry, as well as other industrial activities (building, mining, manufacture of cement, ceramic and bricks, and smelting).

Currently the pollution in Sydney is the equivalent of smoking one cigarette a day, i.e 365 cigarettes a year. (Dr Sujata Allan, Doctors for the Environment, Public Address Balmain 2016)
This is likely to rise much higher with the advent of WestCONnex

The State Government is well aware of the Health implications for those living close to exit portals & unfiltered pollution stacks but refuse to insist on filtration and insist their method is worlds best practice. This is not the case

In 2008 the Member for Willoughby in Opposition & now Premier slammed the then Labor Government, calling for filtration of the stacks:

"Members of Parliament should examine their conscience and consider how they would feel if their children or the children of loved ones were exposed to this level of fumes every day and they were part of a government that could have put in place measures to reduce the impact of the fumes," Ms Berejiklian said in 2008, according to transcripts.

"It is not too late, the government can still ensure that filtration is a possibility. World's best practice is to filter tunnels.

"Why won't they (Labor) allow people to sleep at night, knowing their children aren't inhaling toxins that could jeopardise their health now or in the future?"

Quite a backflip, when all the evidence from the World Health Organisation (WHO) in 2018, is that 9 out of 10 deaths

24% of all stroke deaths are attributable to air pollution

43% of all lung disease deaths are attributable to air pollution.

4.2 Million deaths a year are caused by ambient air pollution.

According to the WHO: Poor urban planning, which leads to sprawl and over dependence on private vehicle transport, is also a major factor in accelerated pollution emissions.

Adverse health consequences to air pollution can occur as a result of short or long-term exposure. The pollutants with the strongest evidence of health effects are particulate matter (PM), ozone (O₃), nitrogen dioxide & sulphur dioxide, all found in vehicular emissions.

There is growing evidence that independently, it can increase symptoms of bronchitis and asthma, as well as lead to respiratory infections and reduced lung function and growth. Evidence also suggests that NO₂ may be responsible for a large disease burden, with exposure linked to premature mortality and morbidity from cardiovascular and respiratory diseases. Carbon monoxide (CO) a colourless and odourless gas, which at high levels can be harmful to humans by impairing the amount of oxygen transported in the bloodstream to critical organs. Although high concentrations of CO are more of a concern indoors, emissions outdoors, particularly in developing countries can be high. New evidence also reveals that long-term exposure to low concentrations is also associated with a wide range of health effects. The main sources of ambient CO include motor vehicle exhaust and machinery that burn fossil fuels.

Ground-level ozone is one of the major components of photochemical smog and a key health risk linked to breathing problems, asthma, reduced lung function and respiratory diseases. It is a secondary pollutant, meaning that it is not directly emitted. Instead, it is produced when carbon monoxide (CO), methane, or other volatile organic compounds (VOCs) are oxidised in the presence of nitrogen oxides (NO_x) and sunlight. In addition to their role as ozone precursors, CO, VOCs and NO_x are dangerous air pollutants themselves. Major sources of NO_x and VOCs include emissions from motor vehicle exhaust, industrial facilities, and chemical solvents. Major sources of methane include waste and the fossil fuel and agricultural industry. Aside from its health impacts, tropospheric ozone is a short-lived climate pollutant and one of the most important greenhouse gases.

<http://www.who.int/airpollution/ambient/pollutants/en/>

A health risk assessment was completed for each EIS. These were quantitative and entirely dependent on the traffic modelling exercise, which also shapes the air quality and noise findings. If these are wrong, the assessment will also be wrong.

There is a massive amount of material in each EIS. Much of it is repetitive. It is almost impossible for most members of the public to delve into the documentation where they may find acknowledgement of uncertainties or statements that later prove to be inaccurate or wrong predictions.

Take for example the *New M5 Technical Working paper: Human Health Appendix I*. There is an acknowledgement of uncertainties and lack of base line data that may affect results. On page 49, there is a list of community concerns but absolutely no analysis of how these concerns might relate to the rest of the analysis.

On many occasions throughout the EIS, AECOM recognises that there are risks but states that these are 'not significant' provided there is mitigation. It is then simply assumed that 'mitigation' of some sort will be put in place. This bald finding allowed the approval process to move forward.

At this point, the community are left out of the planning process. Standard construction plans and sub plans are filed and approved by planning without the public being given any chance to

comment on what is suggested. In the case, of the M4 East and New M5 these plans have proved insufficient to protect the community from severe impacts.

An indication of the possible flaws in the overall analysis can be illustrated by a reference to the section on the Alexandria Landfill.

During 2017, residents were exposed to frequent nauseating odours over several months. Hundreds of residents were exposed and some reported serious medical symptoms.

The question arises – how did the EIS assessment process deal with potential impacts from construction work on the contaminated Alexandria Landfill?

“The assessment concluded that where the operations are well managed (i.e. mitigation measures are implemented) there are no dust (assessed as PM10 or PM2.5) or odour impacts off-site that exceed relevant air quality or odour criteria.” (*New M5 Technical Working paper: Human Health Appendix I.*)

The reference to mitigation measures is typical of the general approach. Whenever impacts are identified, it is assumed that mitigation will occur. Despite nearly \$2 million being paid to AECOM to produce a Landfill plan (in addition to millions paid for the EIS itself), no serious impacts were identified in advance.

In practice, the impacts were very serious, and led the EPA to eventually order remedial action.

This example would provide a good case study of how and why the EIS process failed to predict serious impacts and the cost of this EIS prediction failure.

Tunnel Ventilation: <https://vimeo.com/280038554>

Noel Child, independent transport & environmental engineer, NG Child & Associates

The chosen method of ventilation of the tunnel systems across the whole Westconnex is deeply flawed.

The use of longitudinal method is unsuitable for the length of the tunnels proposed in Northconnex or Westconnex due to the length of the tunnels.

There is no air treatment proposed, the foul air is pushed along the tunnel by the traffic, a particulate level of 50 times the “recommended” amount has been predicted through the pollution stacks and whilst the stacks push pollutants onto the population, the air at the end of the tunnel is forced on the occupants of the vehicles, leading to high health risks.

This method of tunnel ventilation is now a matter of concern in the Lane Cove tunnel, which is longitudinally ventilated, the Cross City tunnel, is ventilated by the same method, however, it does not have the traffic to pose as much of a health risk.

I ask that the Committee delve deeply into the impacts on the health risks to the population by this ill conceived project & find that the Government should not proceed any further. Call a Halt! For the sake of the City!

Yours sincerely

Sally Hardy

e.

m.