

# NSW Coal Ash & Health Community Advisory Committee | 2025

**Minutes:** Minutes of the 1<sup>st</sup> Meeting of the NSW Coal Ash & Health Community Advisory Committee  
Held at Doyalson RSL

**Thursday 27 February 2025**

**Members Present:** Dr Kat Taylor (NSW Health) (KT), Dr Craig Dalton (NSW Health) (CD), Chantelle Baistow (CB), Gary Blaschke (GB), Paul Duncan (PD), Kim Grierson (KG), Tony Keevill (TK), Dr Merlene Thrift (MT), Craig Torville (CT), Judy Whitbourne (JW), Sue Wynn (SW), Chris Harle (Lake Macquarie City Council) (CH).

**Apologies:** Nil

**Guests:** Dr Jackie Wright (Director, Environmental Risk Sciences Pty Ltd – Enrisks)

**Independent Chair:** David Ross (DR)

**Minute Taker:** Christie Webster

<b>Agenda Items</b>	<b>Who to Present</b>
1. Welcome, introductions and apologies	DR
2. Community experience with coal ash	GB, KG, MT
3. Introduction to the CAC Process	DR
4. Risk assessment of exposure to coal ash (introductory)	JW
5. General Business	All
6. Next Meeting - TBD	All

Agenda Item	Discussion	Action/ Whom
1.	<p><b>Welcome, Introductions and Apologies</b></p> <p>DR welcomed everyone to the first Community Advisory Committee (CAC) meeting. Members were then invited to introduce themselves.</p> <p>DR informed members that while Central Coast Council had been invited to provide representation on the committee, Council was determining representation in the days leading up to the first meeting. Representation was anticipated at future meetings.</p>	
2.	<p><b>Community Experience With Coal Ash</b></p> <p>GB, KG, and MT were invited by DR to share with the committee their experience of living and working near the power plants. The key concerns raised included:</p> <ul style="list-style-type: none"> <li>• Frustrations with the time taken to address the issue, Government inaction and lack of responsiveness to community concerns.</li> <li>• Observations of significant ill health in the local community, including cancer, Chronic Obstructive Pulmonary Disease, asthma, heart disease. Higher prevalence of certain health outcomes in the region compared to the Australian average (eg cancer, asthma) and higher excess deaths.</li> <li>• Concerns regarding air emissions from the ongoing operation of coal fired power stations and high levels of particulate matter (PM 2.5) by comparison with areas in Greater Sydney</li> <li>• Ongoing release of coal ash aggregates in the lake and ground water.</li> <li>• Air pollution from the power stations is not only a local concern but widespread across Australia, due to the dispersion of PM2.5,</li> <li>• Need for greater community education to raise awareness of coal ash dams and health impacts.</li> <li>• PFAS (Per- and poly-fluoroalkyl substances) was identified as an emerging health issue of concern in the region. Noting a PFAS Community Advisory Committee (CAC) is being formed through Generator Property Management Corporation and they have held one meeting. A request was tabled by GB under the NSW Government Community Consultative Committee Guidelines for coordination and visibility between the two committees.</li> </ul> <p>MT shared with the committee a copy of a presentation which was previously presented to the Hunter New England and Central Coast Public Health Units and NSW Environment Protection Authority in 2022.</p>	

**3. Introduction to the CAC Process**

DR discussed with members roles and responsibilities, the minute taking process and issues around media and conduct.

**Roles and Responsibilities**

With respect to the community and Council positions, DR observed that it is important for members to share information with the wider community as well as bring in information from the wider community. DR asked if members are unable to attend the meeting, to notify him well in advance.

DR explained that the role of the NSW Health representatives is to be responsive to members questions and actions following the committee meeting. CD and KT have agreed to respond within a 28-day timeframe on items within NSW Health’s remit. CD flagged that some queries raised by the committee may be dependent on external agencies for an appropriate response.

With respect to DR’s role, he will not only be a chair, but also a facilitator, mediator and advisor, at times. While he is engaged by NSW Health, he takes his job as the independent chair seriously. In a few meetings’ time, DR will invite the committee to provide feedback on his performance as chair.

**Minutes**

Minutes will summarise discussions rather than be a transcript. A draft copy will be circulated within two weeks, allowing members the opportunity to provide feedback. Comments should be returned within a week, after which a final copy will be provided.

**Conduct**

DR noted that conversations can be robust but must be respectful. Members who breach the Code of Conduct will be given a warning by the Chair; three warnings and they will be asked to leave the meeting.

**Media**

DR advised that members are welcome to talk with the media, but only in a personal capacity or on behalf of the group they represent. As the Independent chair, only DR is permitted to speak on behalf of the committee.

GB referred to the NSW Government Community Consultative Committee Guidelines. Calling on these Guidelines, GB proposed that, as PFAS is also a health-related issue within the region, that a joint committee meeting be held. In response, DR informed members that he had been in discussions with GPM and would explore options for ensuring coordination between the two committee.

ACTION 1: DR to coordinate with the GPM CCC and determine the feasibility of a joint committee meeting.

	<p>GB raised the request for a site visit to the Vales Point Ash Dam for the NSW CAHCAC members. This request was noted. He also asked if other members of the public could attend the committee meetings as an observer. DR explained that that it can be difficult to manage too many observers and is best to limit them initially to one per group or body to maintain a respectful and comfortable environment. DR asked that anyone wishing to bring an observer should discuss it two weeks prior to the meeting to coordinate with other committee members. This was accepted by the committee.</p> <p>CT asked if minutes are being shared between the two committees. DR advised that he has discussed this with GPM but also noted that minutes of the NSW CAHCAC will be made publicly available on agency websites.</p>	
<p><b>4.</b></p>	<p><b>Risk Assessment of Exposure to Coal Ash</b></p> <p>JW introduced herself; she is the Director and Principal of Environmental Risk Sciences (EnRiskS). JW has more than 30 years' experience in human health and environmental risk assessment in Australia, with a background in engineering and a PhD in Public Health. She has been heavily involved in the development of national guidance and the field of environmental health risk assessment since its introduction to Australia.</p> <p>JW has been engaged by NSW Health to undertake an environmental human health risk assessment on coal ash. She provided an overview of an environmental human health risk assessment process. Key points included:</p> <ul style="list-style-type: none"> <li>• An environmental human health risk assessment is a well-structured process used to gather information, assess and inform conclusions to help inform recommendations. The enHealth Environmental Risk Assessment Guidelines are followed.</li> <li>• The first step is the conceptual site model; this involves identifying the source of the pollution (ash dams and operation of power stations), understanding their characteristics (where are they, what pollutants are of concern and the concentrations etc), what goes into the air and concentrations in air, understanding ash dams (composition, how they are constructed, concentrations of metals etc), pathways of pollutants, concentrations at locations, exposure, community characteristics, existing health and demographics.</li> <li>• Next step is understanding the pollutants that will be evaluated. Examining the specific metals involved and understanding the hazards they pose and at what concentrations.</li> <li>• The risk assessment involves gathering information on exposure levels, concentrations and how pollutants may enter the body, then combining this with scientific evidence on the known health effects that may occur with these types of exposures. The assessment aims to understand if the exposure levels are high enough to result in those types of health effects.</li> </ul> <p>Currently, JW is in the information gathering stage, obtaining as much information about what the concerns are in the community, concentrations present in the environment, information collected from sampling analysis of surface water, air quality etc. This information helps in forming a conceptual site model. JW advised members, from her perspective, the assessment would be completed this year.</p>	

	<p>GB asked about the quality of the data used to make decisions. JW advised that she would take into account the quality of data.</p> <p>PD asked if JW would look at field data as well as medical data. JW advised she will not do an epidemiological study; however, she uses clear evidence of where an exposure has a health effect and looks at information in the published literature. CD suggested an alternative option to receiving one large document, could be that JW presents pieces of discovery as she goes through the process and provides updates. JW agreed that could be done.</p> <p>GB asked who has taken accountability and responsibility of recommendation six and seven in the NSW Government coal ash inquiry report. DR advised that some matters from the inquiry are the responsibility of the EPA. DR will seek feedback from representatives on the steering committee on progress. The commissioning of the human health risk assessment, guided by the NSW CAHCAC, forms part of the response to Recommendation 6.</p> <p>DR then broke the committee into two groups to answer questions that JW was seeking assistance with; namely:</p> <ul style="list-style-type: none"> <li>• What are your key concerns regarding exposures?</li> <li>• Are you aware of any community data on concentrations that might be in the environment that you can share?</li> </ul> <p>After group discussions that lasted twenty minutes, DR reconvened the committee as a whole and invited JW to share with members her observations on what were the main concerns that members had with respect to the impact of coal ash on the community. These were:</p> <ul style="list-style-type: none"> <li>• Toxicity of pollutants and effects on the body</li> <li>• Inhalation emissions from ash dams</li> <li>• Leaching from dams and concerns about ground water and tanks</li> </ul> <p>JW explained next steps will be to collate information together and review, collate into a conceptual site model and identify any gaps.</p>	<p>ACTION 2 - DR to seek an update from relevant NSW Government agencies regarding progress in relation to NSW Parliamentary coal ash inquiry</p> <p>ACTION 3 – DR to collate a summary of the small group discussions for inclusion with the meeting papers</p>
<p>5.</p>	<p><b>General Business</b></p> <p>General Business focussed on a discussion relating to the next steps. KT observed that what the committee was facing was a learning experience for all. She sincerely thanked all committee members and looked forward to the journey ahead.</p> <p>DR asked members if they wanted Delta and GPM to be permanent representatives on the committee. Members agreed that, at an appropriate time, both organisations could attend as guests to present and/or answer committee questions.</p>	

6.	<p><b>Next meeting date</b> –. TBD</p> <p>There was further discussion about the timeframe of next meeting and what could be discussed at the next meeting. DR suggested meeting in two months, allowing JW adequate time to collate data. MT would like to see the committee meet sooner than eight weeks.</p> <p>KT suggested a presentation about the data sources and data quality for shared knowledge, potentially other agencies that hold the data that can be brought to the table. This could help bring some members up to speed.</p> <p>CD suggested to survey members to find out what they would like to hear or learn about - for example, an expert in the field to give a presentation.</p> <p>TK advised that he would like to know about the impact on children in local schools.</p> <p>DR thanked all members for an excellent discussion.</p>	<p>ACTION 4 - DR to speak with KT, CD and steering committee about next meeting's timing and content</p> <p>ACTION 5 – DR to notify members within two weeks of when a meeting will be held</p>
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**Meeting closed at 8:50 pm.**

**Appendix 1: Actions**

Page No	Action No	Description	Date Raised
3	1	DR to coordinate with the GPM CCC and determine the feasibility of a joint committee meeting.	27 February 2025
5	2	DR to seek an update from relevant NSW Government agencies regarding progress in relation to NSW Parliamentary coal ash inquiry.	27 February 2025
6	3	DR to collate a summary of the small group discussions for inclusion with the meeting papers.	27 February 2025
7	4	DR to speak with KT, CD and steering committee about next meeting's timing and content.	27 February 2025
7	6	DR to notify members within two weeks of when a meeting will be held.	27 February 2025

**Appendix 2: Main concerns that members had with respect to the impact of coal ash on the community**

***What are your key concerns regarding exposures?***

<ul style="list-style-type: none"> <li>• Toxicity of pollutants and effects on the body</li> <li>• Inhalation emissions from ash dams</li> <li>• Leaching from unlined ash dams into soil and groundwater. "Leaching under the highway". Concerns about ground water and tanks.</li> <li>• Inhalation             <ul style="list-style-type: none"> <li>○ power station emissions</li> <li>○ Coal dust</li> <li>○ Windblown coal ash</li> <li>○ PM 2.5, heavy metals, NOX/SOX, (PFAS to a much lesser extent)</li> </ul> </li> <li>• Future of ash dams and environmental impact</li> </ul>	<ul style="list-style-type: none"> <li>• Safety/stability of the ash dams, in the event of a natural disaster eg. earthquake, whether they will remain contained</li> <li>• Ash dust - "black dust" "better since Munmorah closed"             <ul style="list-style-type: none"> <li>○ Inhalation of dust</li> <li>○ Surface deposits esp. Mannering Park</li> </ul> </li> <li>• Ingestion             <ul style="list-style-type: none"> <li>○ Recreational fishing and crustacean consumption</li> <li>○ Tank water consumption</li> <li>○ Groundwater consumption (not common)</li> </ul> </li> <li>• PFAS</li> <li>• Student health and performance</li> </ul>
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***Are you aware of any community data on concentration that might be in the environment that you can share?***

<ul style="list-style-type: none"> <li>• PD - Coal mine water/dust monitoring</li> <li>• Hunter Community Environment Centre data ?website</li> <li>• Bird feather, Hunter Community Environment Centre</li> <li>• Symon Walpole, LMCC, water and sediment sampling</li> <li>• Community Environment Network – water – CH has a contact</li> <li>• iQair – network</li> <li>• XRFs – may be able to collect new data and may be old data.</li> <li>• Council contaminated land database</li> </ul>	<ul style="list-style-type: none"> <li>• University of Newcastle – CRCCare,</li> <li>• Out of the Ashes I and II – data</li> <li>• Untold Stories – about to be released. 25/3 release in parliament</li> <li>• Woolcott Centre asthma studies</li> <li>• ? updates on what causes cancer, air quality collection, children and learning (environmental mediators of childhood development).</li> <li>• What is the role of qualitative data?</li> </ul>
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